

**MILWAUKEE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES**

Behavioral Health Division



**2005 PURCHASE OF SERVICE GUIDELINES
PROGRAM AND TECHNICAL REQUIREMENTS**

Alcohol and Other Drug Abuse Central Intake Unit Services

Issued February 2005

Date: February 16, 2005

To: Interested Parties

From: Paul Radomski, Director, Community Services Branch, Milwaukee County Behavioral Health Division

Subject: Request for Proposal – Central Intake Unit Services for Persons with Substance Use Disorders

In May 2003 the Milwaukee County Behavioral Health Division (BHD) convened an AODA Re-Design Community Coalition as a result of a thorough assessment of the current public Adult AODA system available to clients in Milwaukee County. Among other recommendations, this group recommended significant changes to enhance System Access, with the establishment of one, rather than multiple, Central Intake Unit (CIU) vendors. Another major change recommended by the Redesign group was the implementation of a comprehensive screening process, which will involve a thorough assessment of both clinical and other service needs. On June 3, 2004, the State of Wisconsin received an Access to Recovery (ATR) grant from SAMHSA, in the amount of \$22.8 million over three years to implement the Wisconsin Supports Everyone's Recovery Choice (Wiser Choice) program in Milwaukee County. The grant provides BHD with the resources to implement the Redesign plan.

BHD will serve people from 1) the general population, with a special emphasis on 2) families with children, and 3) a criminal justice population: a) inmates that are reentering the Milwaukee community from prison and b) offenders on probation or parole supervision who are facing revocation proceedings and imprisonment, and who can be safely supervised in the community while benefiting from AODA treatment and recovery support services as an alternative to revocation. Wiser Choice will improve outcomes of service delivery through:

- The enhancement and expansion of the Milwaukee Central Intake System to improve initial engagement, access, assessment and treatment retention.
- The provision of recovery support services in addition to treatment, thus addressing needs that are directly related to substance abuse, thereby achieving better outcomes.
- Identification and development of an expanded provider network (including a focused outreach to the faith-based community.)
- Development of a comprehensive continuum of low/no cost natural supports in the community to help sustain recovery, including organizing faith congregations to provide such resources as mentors, employment opportunities, housing, child care and transportation.
- The fostering of genuine, free and independent client choice by making available "Provider Profiles" that include "Provider Score Cards."
- Establishment of a data-driven results-oriented management system to monitor and improve outcomes.

BHD is issuing a Request for Proposals (RFP) for organizations that wish to provide Central Intake Unit services for AODA Adult Services. One organization will be selected from among the applicants. The selected agency will be required to subcontract with a BHD-specified provider to operate one CIU site for the target criminal justice population. The vendor will operate the two CIU sites that serve a general population itself.

Program description and application materials will be available beginning **Monday, February 21st** on the **Milwaukee County web page** at www.milwaukeecounty.org or from **Nila Hoffmann** at the Milwaukee County Behavioral Health Division in the Milwaukee County Mental Health Complex, 9201 Watertown Plank Road, Milwaukee.

Completed applications must be received no later than **4:30 p.m., Monday, March 21st**, by either 1) hand delivery to Nila Hoffman, Milwaukee County Behavioral Health Division, 9201 Watertown Plank Road, Milwaukee, WI or 2) mail to Paul Radomski, Director, Community Services Branch, Milwaukee County Behavioral Health Division, 9455 Watertown Plank Road, Milwaukee, WI 53226.

An RFP Pre-Bid Meeting will be held on **Wednesday, March 2nd, 1:00-3:00**, in the County Health Programs' Auditorium, Building B, 9501 Watertown Plank Road, Milwaukee, WI.

For additional information regarding the RFP process, please contact Chuck Sigurdson at (414) 257-7361 or Darrel Pagel at (414) 257-6923.

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CALENDAR OF EVENTS

February 21, 2005	RFP Available
March 2, 2005	Pre-Bid Meeting
March 21, 2005	Deadline for Receipt of Applications
March 22-April 6, 2005.....	Application Review
April 20, 2005.....	Health and Human Needs Committee Approval
April 28, 2005.....	County Board Approval
April 29, 2005.....	Notification of Contract Award
May 1, 2005.....	Effective Date of Contract

ALL DATES ARE TENTATIVE AND SUBJECT TO CHANGE

PART I:

***PROGRAM
REQUIREMENTS***

A. INTRODUCTION

PURPOSE OF THIS APPLICATION

The Milwaukee County Behavioral Health Division (BHD) is issuing this Request for Proposals (RFP) for organizations that wish to provide Central Intake Unit services for BHD AODA Adult Services. BHD provides services to individuals with substance use disorders and their families in order to support their recovery and help them become contributing members of the community. In 2005, BHD will enter into a contract with one agency to provide management of CIU operations. The duration of the initial agreement will be from date of signing through 12/31/2005; up to two 1-year extensions may be granted after that time.

VISION STATEMENT AND VALUES MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION

Vision Statement

The Milwaukee County Behavioral Health Division will be a premier system of mental health and alcohol and other drug abuse disorders in the State of Wisconsin. It will ensure that individuals and families who have behavioral health needs strive to function at optimal levels of physical and mental health and that they are full and equal members of the community. As such, the Division shall provide individuals who have behavioral health needs the support and means to pursue success in the ways they choose to live, learn, love, work and play because:

Our vision is for a behavioral health system that recognizes the partnership with clients, providers and the community and the accountability to its stakeholders for the effective development and efficient use of resources.

Our vision is for a recovery oriented behavioral health system that focuses on the rebuilding of full productive lives for children, adults and their families, and supports a full spectrum of services including primary prevention and early intervention.

Our vision is for a behavioral health system that attracts, retains, and supports employees/other service providers who are competent and provide excellent quality, culturally and linguistically relevant behavioral health treatment and support services.

Our vision is for a behavioral health system that acknowledges the abundance and limitations of our human and financial resources and commits to responsible stewardship of its resources.

Our vision is for clients and families to be equal stakeholders in service system governance, planning and delivery.

Our vision is for a behavioral health system where every client has access to strengths-based, individualized and integrated services that promote health and recovery.

Our vision is for a behavioral health system where cultural, ethnic and socioeconomic diversity is valued by providers and clients.

Our vision is for a behavioral health system where strategies to eradicate stigma, including education of clients, family members, providers and the Milwaukee County community, are implemented and effective.

Our vision is for behavioral health services and supports to be community based and not institution based; when residential treatment or hospitalization is accessed, those services will be used as resources and not as placements.

Our vision is for a behavioral health system that can measure its success in the care of children and adults by establishing and producing clear, quantifiable outcomes

MISSION STATEMENT

“The Milwaukee County
Behavioral Health Division: For
the empowerment and recovery of
all with mental health and
substance abuse treatment needs in
our community.”

ALCOHOL & OTHER DRUG ABUSE SERVICES: CORE VALUES

In 1999, as a response to the large number of families who were involved in the welfare reform, child welfare, and AODA/Mental Health Treatment systems, the Wisconsin Department of Health and Family Services (DHFS) and the Wisconsin Department of Workforce Development (DWD), in collaboration with the Milwaukee County Department of Human and Services (DHS), launched the Milwaukee Family Services Coordination Initiative (MFSCI). The impetus for the year-long (October 1, 1999 – September 30, 2000) Initiative was the realization that the multiple needs of these families were not being adequately addressed, at least in part due to the lack of coordination among the systems with which they were involved (The Management Group, 2000). The intent of MFSCI was to fundamentally transform the manner in which services have traditionally been delivered by reducing barriers for families involved in multiple systems. The premise of the Initiative was that outcomes for families could be improved through cross-system coordination, provision of wraparound philosophy of care and services, development of networks of formal and informal supports, utilizing a family centered, strength-based, gender/culturally-responsive approach.

The Steering Committee for the project included clients, representative from the Governor's Office, key administrators from DHFS, DWD, the Department of Corrections, and the Medicaid HMOs; the Director of Milwaukee County DHS; and the Milwaukee County Board Chair. The Initiative outlined a set of **core values**, developed through a series of focus groups that included participation by clients, and system representatives at various levels of authority to use as guidelines for service delivery for families and to promote improved outcomes. BHD has adopted these core values.

- A. Family-Centered: A family-centered approach means that families are a family of choice defined by the clients themselves. A family may include extended family members, significant others, or persons who function as natural supports in the context of that family. A family may include a non-custodial parent. Families are treated with dignity and respect, regarded as a resource in the treatment process, assisted to build on identified strengths to enhance control and independence, and valued as participants in all aspects of planning and evaluating the service delivery process. The goal of a family-centered team and system is to move away from the focus of a single client represented in systems, to a focus on the functioning, safety, and well being of the family as a whole.
- B. Client Involvement: The client's involvement in the process is empowering and increases the likelihood of cooperation, ownership, and success. Clients and their families are viewed as full and meaningful partners in all aspects of the decision making process affecting their lives including decisions made about their service plans.
- C. Builds on Natural and Community Supports: Recognizes and utilizes all resources in our communities creatively and flexibly, including formal and informal supports and service systems. Every attempt should be made to include the client's family, relatives, neighbors, friends, faith community, co-workers or anyone the client would like to include in the team process. Ultimately families will be empowered and have developed a network of informal, natural, and community supports so that formal system involvement is reduced or not needed at all.
- D. Strength-Based: Strength-based planning builds on the clients and their families unique qualities and identified strengths that can then be used to support strategies to meet their needs. Strengths should also be found in clients' environment through their informal support networks as well as in attitudes, values, skills, abilities, preferences and aspirations. Strengths are expected to emerge, be clarified and change over time as clients and families' initial needs are met and new needs emerge with strategies discussed and implemented.
- E. Unconditional Care: Means that we care for clients and their families, not that we will care "if." It means that it is the responsibility of the Recovery Team to adapt to the needs of the client - not of the client to adapt to the needs of a program. We will coordinate services and supports for the client and family that

we would hope would be done for us. If difficulties arise, the individualized services and supports change to meet the needs of clients and their families.

- F. Collaboration Across Systems: An interactive process in which people with diverse expertise, along with clients and their families, generate solutions to mutually defined needs and goals building on identified strengths. All systems working with the client have an understanding of each other's programs and a commitment and willingness to work together to assist the clients and their families to obtain their goals. The substance abuse, mental health, child welfare, and other identified systems collaborate and coordinate a single system of care for families involved within their services.
- G. Team Approach Across Agencies: A Recovery Team consists of a group of people, in addition to the client, who represent a blend of formal and informal resources (professionals and other) who make up the client/family support network. The team functions with the client and family in an interactive process to develop a plan, based on client/family strengths, values and preferences that will lead to favorable outcomes. Planning, decision-making, and strategies rely on the strengths, skills, mutual respect, creativity, and flexible resources of the team members.
- H. Ensuring Safety: When child protective services are involved, the team will maintain a focus on child safety. Consideration will be given to whether the identified threats to safety are still in effect, whether the child is being kept safe by the least intrusive means possible, and whether the safety services in place are effectively controlling those threats. When safety concerns are present, a primary goal of the family team is the protection of citizens from crime and the fear of crime. The presence of individuals who are potentially dangerous requires that protection and supervision be sufficiently effective to dispel the fears of the public.
- I. Gender/Age/Culturally Responsive Treatment: Services reflect an understanding of the issues specific to each client's cultural background, gender, age, disability, race, ethnicity, and sexual orientation and reflect support, acceptance, and understanding of cultural and lifestyle diversity. These understandings are then incorporated into the programming. Programs for women must include specific components that address their issues and reflect current research indicating effective treatment components for women, i.e., to include, but not limited to: victimization histories, domestic violence/relationship dynamics, parenting, self-esteem, and educational needs.
- J. Self-sufficiency: Individuals and families will be supported in achieving self-sufficiency in essential life domains, to include family, social, educational, vocational, financial, housing, financial, psychological, emotional and spiritual domains.
- K. Education and Work Focus: Dedication to positive, immediate, and consistent education, employment, and/or employment-related activities which results in resiliency and self-sufficiency, improved quality of life for self, family, and the community. BHD clients who also participate in W-2 should have their AODA treatment indicated on their Employability Plan (EP).
- L. Belief in Growth, Learning and Recovery: Client and family improvement begins by integrating formal and informal supports that instill hope and are dedicated to interacting with individuals with compassion, dignity, and respect. Team members operate from a belief that every client and their family desire change and can take steps toward attaining a productive and self-sufficient life.
- M. Outcome-oriented: From the onset of the family team meetings, levels of personal responsibility and accountability for all team members, both formal and informal supports are discussed, agreed-upon, and maintained. Identified outcomes are understood and shared by all team members. Legal, education, employment, child-safety, and other applicable mandates are considered in developing outcomes, progress is monitored and each team member participates in defining success. Selected outcomes are standardized, measurable, based on the life of the family and its individual members.

AODA Program Goals

- (1) To achieve improved outcomes by meeting the special needs of eligible individuals and families who experience problems resulting from alcohol or other drug abuse by providing intervention, treatment, and support services that are gender and culturally responsive.
- (2) To target eligible individuals and families who may be involved in several systems in order to develop better ways to coordinate services from multiple service systems.
- (3) To ensure the provision of recovery support services including, but not limited to, parent education, vocational and housing assistance, coordination with other community programs, and treatment under intensive care.
- (4) To develop a system that reinforces the empowerment of individuals and their involvement in the planning, design, implementation, and evaluation of the program, as well as their care plan.
- (5) To identify best practices and provide knowledge dissemination activities and cross training and education to professionals who work with individuals and families and are from different systems in order to achieve positive individual/family outcomes.

It is important that, whenever appropriate, each application demonstrate integration of the above principles and practices into all programs and services provided through these purchase of service agreements.

B. BACKGROUND

Merger of Adult Mental Health and AODA Administrative Systems

In December, 2001 the Milwaukee County Board of Supervisors passed a resolution that resulted in the administrative merger of public sector Adult Mental Health (MH) and Adult Alcohol and Other Drug (AODA) services. Prior to adoption of this resolution, public sector Adult Mental Health services were the responsibility of the Milwaukee County Mental Health Division, whereas administrative and program management responsibility for public sector substance abuse services belonged to the Adult Services Division of the Department of Human Services.

With the passage of the enabling County Board resolution, the Adult Mental Health Division became the responsible party for both Adult Mental Health and Adult AODA services. Simultaneously, the Mental Health Division, again through a County Board resolution, had its name changed to the Behavioral Health Division to better reflect the merger and its expanded behavioral health responsibilities. These organizational changes became administratively effective on January 1, 2002 and in February (2002) the Adult AODA Services Bureau staff moved to the Mental Health Complex to become part of the Behavioral Health Division Community Services Branch.

Redesign of AODA System

Historically, the administrative, program and service delivery systems for Adult AODA and Adult Mental Health services have been separate, even as it is recognized, both locally and nationally, that many persons in need of treatment from either service system had a co-occurring illness. It is hoped that through the realignment of both Adult AODA and Adult MH services within one County administrative authority, the Behavioral Health Division, that the separateness that each system maintained can be bridged where appropriate. In 2003, the Behavioral Health Division undertook a significant project of redesigning the public Adult AODA system. In May (2003) the AODA Re-Design Community Coalition was convened as a

result of a thorough assessment of the current public Adult AODA system available to clients in Milwaukee County. This group, composed of individuals representing the Adult AODA services provider network, Behavioral Health Division staff and consultants met through the fall of 2004 to analyze the existing system to identify strengths and weaknesses and recommend improvements in each of four main areas: System Access, Service Array, Evaluation/Performance Review and Management Information System. In recent months, Behavioral Health Division data reports point to 50% of the clients who are enrolled in the Adult Mental Health programs are also registered with the Adult AODA system. While more in-depth data analysis is needed, this fact alone calls for the enhancement of the existing system, as well as the development of new approaches, especially as it pertains to the treatment of individuals with multiple diagnosis.

Access to Recovery

In March of 2004 the federal Substance Abuse and Mental Health Services Administration (SAMHSA) announced the availability of Access to Recovery (ATR), a \$100 million discretionary grant program for states to provide people seeking drug and alcohol treatment with vouchers to pay for a range of appropriate community-based services. ATR is characterized by:

- **Client Choice.** The process of recovery is a personal one. Achieving recovery can take many pathways: physical, mental, emotional, or spiritual. With a voucher, people in need of addiction treatment and recovery support will be able to choose the programs and providers that will help them most.
- **Outcome Oriented.** Success will be measured by outcomes, principally abstinence from drugs and alcohol, and including attainment of employment or enrollment in school, no involvement with the criminal justice system, stable housing, social support, access to care, and retention in services.
- **Increased Capacity.** ATR will expand the array of services available including medical detoxification, inpatient and outpatient treatment modalities, residential services, peer support, relapse prevention, case management, and other recovery support services.

Wiser Choice

On June 3, 2004, the State of Wisconsin submitted its ATR application to SAMHSA, and on August 3, 2004, the State received a notice of grant award from SAMHSA to fund its application for **the Wisconsin Supports Everyone's Recovery Choice (Wiser Choice)** program.

Wiser Choice intends to improve outcomes of service delivery through:

- The enhancement and expansion of the Milwaukee County Behavioral Health Division (BHD) Central Intake System to improve initial engagement, access and treatment retention.
- The provision of recovery support services in addition to treatment, thus addressing needs that are directly related to substance abuse, thereby achieving better outcomes.
- Identification and development of a broader provider network (including a focused outreach to the faith-based community).
- Development of a comprehensive continuum of low/no cost natural supports in the community to help sustain recovery, including organizing faith congregations to provide such resources as mentors, employment opportunities, housing, child care and transportation.
- The fostering of genuine, free and independent choice by making available "Provider Profiles" that include "Provider Score Cards."
- Establishment of a data-driven, results-oriented management system to monitor and improve outcomes.
- Rewarding results by implementing an innovative system of provider incentives.
- The enhancement of its existing Management Information System so that the bulk of performance and financial indicators and measures will be reported on and maintained electronically. This will enhance accountability of both the provider and the system.

The State of Wisconsin selected Milwaukee County Behavioral Health Division (BHD) to serve as the contracted project management agency for Wiser Choice. BHD will develop and maintain all provider agreements with the Wiser Choice treatment and recovery support services providers. BHD is integrating the Access to Recovery resources and requirements within its entire redesigned AODA services delivery system.

The recommendations set forth by the Redesign Project and the requirements of the Access to Recovery grant have impacted the delivery system design as well as the requirements put forth in these guidelines. As the concept and design for the new system mature, corresponding policies, procedures, expectations, goals and objectives will follow along. The guidelines you are about to review are the most up-to-date view of the system and are subject to changes as the Redesign Implementation advances.

Client Choice of Providers

Clients will access services by going to a BHD-contracted Central Intake Unit, completing an intake process which includes determination of funding eligibility, treatment appropriateness and level of care recommendations as well as a comprehensive screening to identify clinical and other recovery-related needs. Under the terms of the Access to Recovery program, SAMHSA requires that clients be ensured “genuine, free and independent choice” of provider for all clinical treatment and recovery support services. For the purposes of the Access to Recovery program, choice is defined as “a client being able to choose from among two or more providers qualified to render the services needed by the client, among them at least one provider to which the client has no religious objection.”

As such, the Central Intake Unit (CIU) will provide to each client at intake a list of Clinical Treatment and Recovery Support Coordination providers from which to choose. To enhance informed choice, the CIU will make available to the client, for each provider, a Provider Profile which will offer information about the provider’s services. (At some point in the implementation of the redesigned AODA Services System the Provider Profile will incorporate a Provider Score Card containing information about the provider’s performance.)

As Access to Recovery requires that clients have their choice of providers, clients will be provided a voucher to receive services from the BHD-approved provider of their choosing. At intake, the CIU will enter a request via the computerized BHD information system for the issuance of vouchers to pay for the services.

Changes in Central Intake Unit Operations

Currently BHD contracts with multiple agencies to operate Central Intake Units. The Redesign group advised that, in order to assure consistency of business processes across CIU sites, BHD should contract with a single entity to manage operations. This agency will be required to subcontract with a BHD-specified provider to operate one CIU site for the target criminal justice population. The vendor will operate the two CIU sites that serve a general population itself. The Redesign group also identified a need to provide a more thorough evaluation of clinical needs at the CIU, as well as a comprehensive assessment of needs in non-clinical areas intimately related to recovery. To address this need, CIUs will now administer a comprehensive screening, informed by best practices in the field, including the use of the American Society for Addiction Medicine Patient Placement Criteria (ASAM PPC-2R), the Addiction Severity Index (ASI) and the Clinical Institute Withdrawal Assessment (CIWA). CIU staff will also facilitate the ATR requirement that clients have informed choice of service providers, with the assistance of enhanced Provider Profiles. In order to improve retention and outcomes, the CIU will have the ability to address emergency and urgent needs identified by the comprehensive screening, and quickly link each client with a recovery support coordinator. Currently, CIUs process all requests for service authorization, for both initial and re-authorizations. Under the re-designed system access process, the CIU will process only authorizations for services at the time of intake. Subsequent requests for authorizations for new services or re-authorizations of initial services will be handled by BHD staff. Historically, BHD AODA services have only been available to persons under the age of 60. They will now be available to all persons 18 and over (and pregnant females of any age).

C. PROGRAM DESCRIPTION: Central Intake Unit

Client Eligibility

The Central Intake Unit will be screening individuals to determine if they meet the eligibility criteria for BHD AODA services. Services can be provided to individuals who:

- Reside in Milwaukee County;
- Are at least 18 years of age (with the exception that pregnant females of any age are eligible);
- Meet diagnostic criteria (as specified by BHD) for a substance use disorder;
- Are part of the target population; and
- Are screened and authorized for services by a BHD Central Intake Unit.

Target Population

BHD is targeting two populations:

- 1) The General Population of Milwaukee County.
- 2) Criminal Justice Population:
 - a) incarcerated individuals that are reentering the Milwaukee community from prison and
 - b) persons on probation or parole supervision who are facing revocation proceedings and imprisonment, and who can be safely supervised in the community while benefiting from AODA treatment and recovery support services as an alternative to revocation.

Families with children from both the general and criminal justice populations will be prioritized.

Definition of Central Intake Unit Services

1. Deliver Central Intake Unit services according to BHD policies and procedures (See Figure 1, *Central Intake Unit Process Flow*, pp. 11-12), and consistent with federal and State confidentiality and patient rights laws and regulations;
2. Oversee the operation of all CIU sites, including the provision of mobile capacity. The selected agency will be required to subcontract with a BHD-specified provider to operate one CIU site for the target criminal justice population. The vendor will operate the two CIU sites that serve a general population itself. The vendor will assure that all sites, including that operated by the subcontractor, operate according to the same BHD policies and procedures;
3. Identify, secure (purchase or lease), furnish and equip three CIU sites;
4. Provide intake/screening services for all individuals seeking County-funded AODA services. Annual volume is projected at approximately 3,200 intake/screenings per year.
5. Conduct a computer-assisted interview in real time (expected to average 2 hours per client) with each client to:
 - a) provide an orientation about AODA system services;
 - b) advise the client of the provisions of HFS 1, HFS 92, HFS 94, the federal Health Insurance Portability and Accountability Act (HIPAA), Confidentiality of Drug and Alcohol Patient Records (42 CFR Part 2) and rules related to county funding;
 - c) determine eligibility for Milwaukee County funded AODA treatment, which includes a preliminary Temporary Assistance for Needy Families (TANF) screen;
 - d) provide referral to other community resources if the client does not have a need for AODA services or is ineligible for Milwaukee County funding.
 - e) if the client meets technical eligibility criteria, perform a comprehensive screening for AODA clinical and recovery support needs in order to determine:
 - if there is a need for AODA treatment and if so;
 - the most appropriate level of treatment; and
 - what other services may be needed to support recovery.

6. Enter client data into the BHD computerized information system in real time and update as necessary.
7. Assist each client, to make an informed choice of a BHD-approved provider for clinical treatment, recovery support coordination and any recovery support service needed on an emergency or urgent basis. Choice will be informed by data shared with the client from the comprehensive screening, as well as profiles of individual providers. Under the terms of the Access to Recovery program, The CIU must help each client choose from among two or more providers qualified to render each service needed by the client, among them at least one provider to which the client has no religious objection. If no provider is available, the CIU will follow BHD's wait list process (See Figure 2, *Wait List Process Flow*, pp. 13-15);
8. Obtain the client's signature on the appropriate consent forms;
9. Schedule an appointment with the BHD-approved AODA treatment provider chosen by the client;
10. Connect the client with the selected recovery support coordination agency at the time of screening;
11. In the case of a client with emergent needs, work closely with the recovery support coordinator to assure that appropriate services are accessed immediately;
12. For each identified service, enter a request via the computerized BHD information system for the issuance of a voucher to pay for the service. Upon confirmation from the provider that the client has presented for service, submit the request to BHD for approval;
13. Manage the BHD wait list according to BHD policies and procedures (See Figure 2, *Wait List Process Flow* pp. 13-15), and in collaboration with BHD and service providers;
14. Provide initial and ongoing training for CIU employees. (BHD will provide training on CIU policies/procedures to vendor staff at the beginning of the contract. The CIU agency will then be expected to train their new staff and subcontractor staff from that point on. Address training issues on an ongoing basis, to include instruction on the administration of the ASI, ASAM and CIU clinical policies and procedures.)
15. Attend all BHD-mandated related trainings and meetings.
16. Participate in the continuing development of a policy and procedure manual for the operation of the CIU.
17. Develop and implement procedures that have been approved by Milwaukee County including:
 - a. Emergency procedures for the conveyance of persons to emergency medical facilities when necessary;
 - b. Management of belligerent and aggressive persons; and
 - c. Procedures to implement BHD's Appeal Processes for both clients and treatment providers.
18. Receive data from the State-approved vendor for IDP assessments (expected volume of 1100 per year) and enter it into BHD's information system. It is estimated that entry for each assessment will take approximately 15 minutes.

Vendor Compensation

The applicant should propose an annual compensation amount sufficient to: 1) provide the required services (above) and 2) fulfill contractual requirements as listed below and throughout the RFP. The proposed cost will be one of the review criteria by which the vendor will be selected. BHD will enter into a contract with the selected vendor based on a negotiated annual contract amount, pro-rated for a period spanning the date the contract is signed through December 31, 2005. Up to two 1-year extensions may be granted after that time. Projected volume for screenings is approximately 3,200 two-hour interviews on an annual basis. BHD reserves the right to re-negotiate the amount of the contract should volume deviate significantly from this estimate.

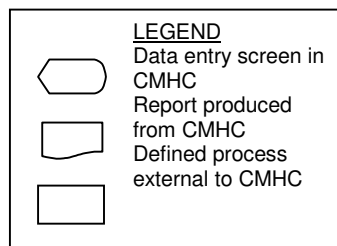


Figure 1: Central Intake Unit Process Flow

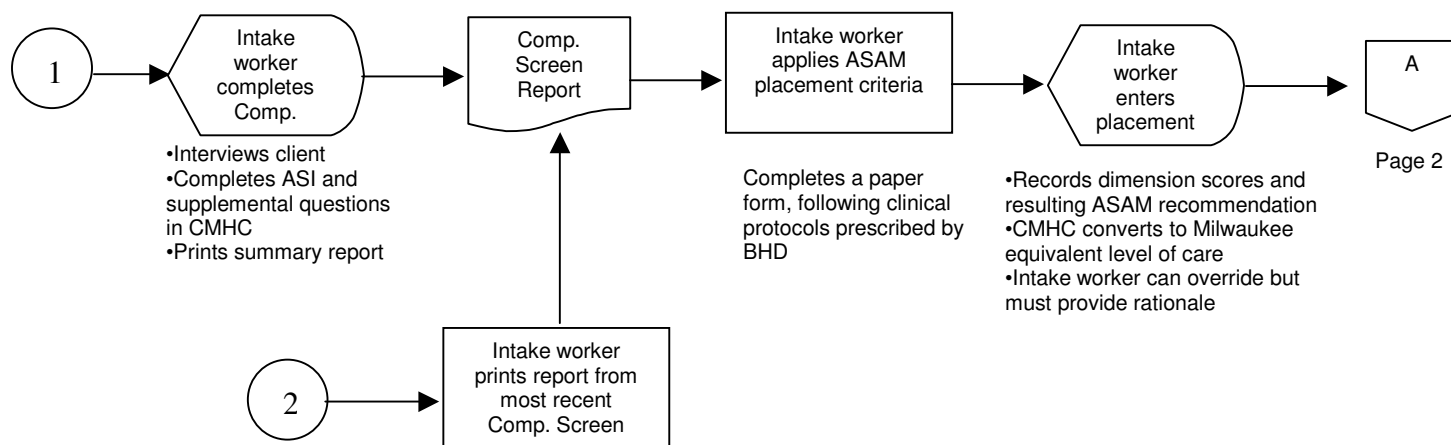
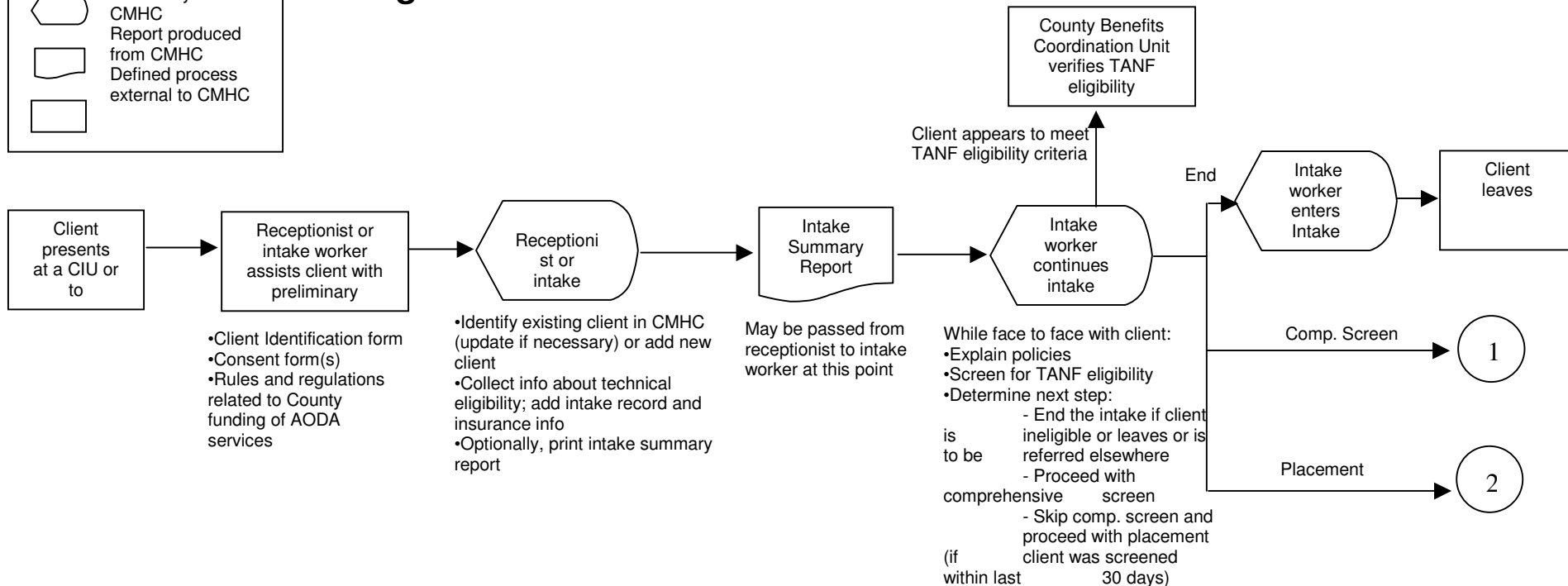


Figure 1: Central Intake Unit Process Flow (page 2)

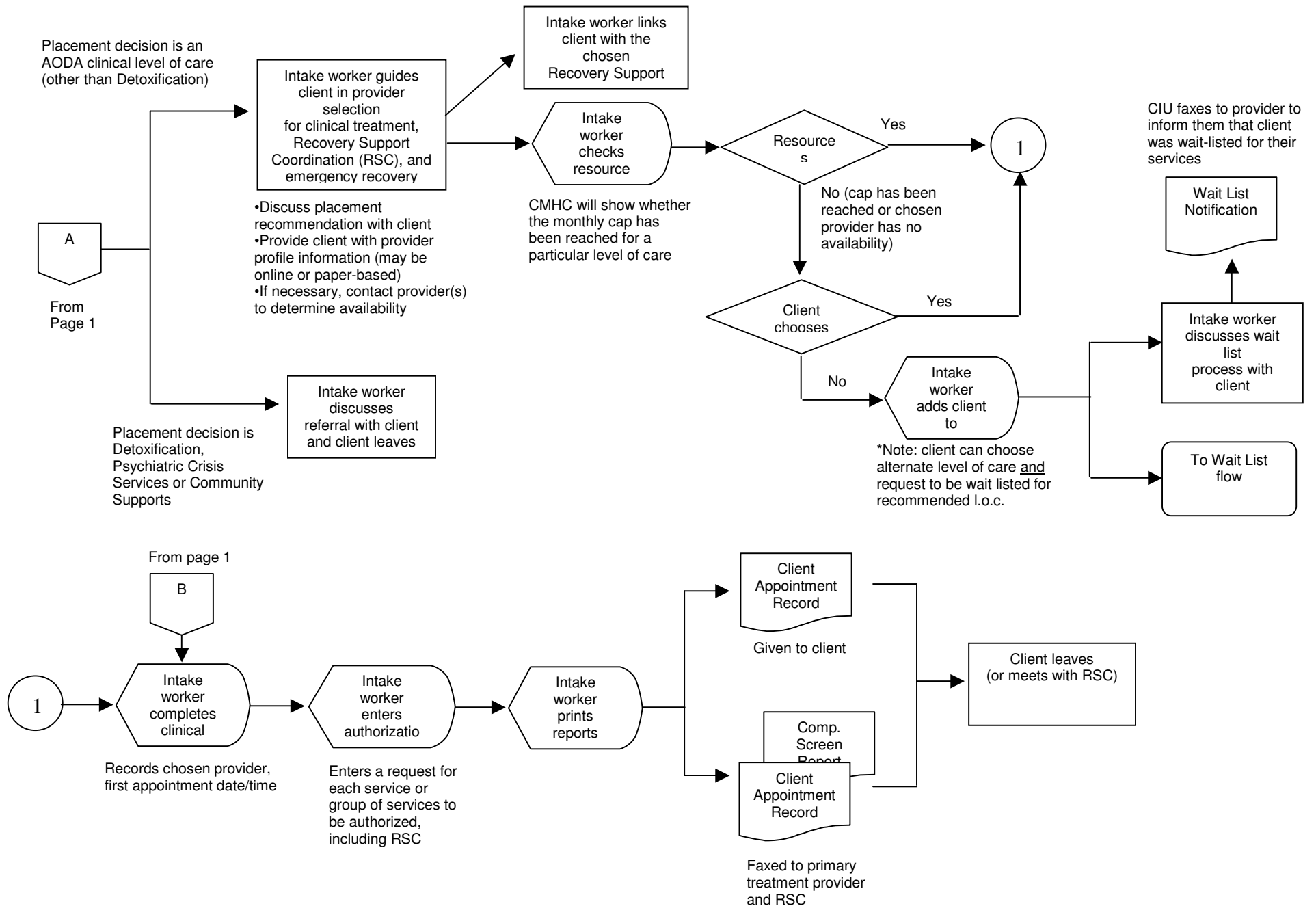
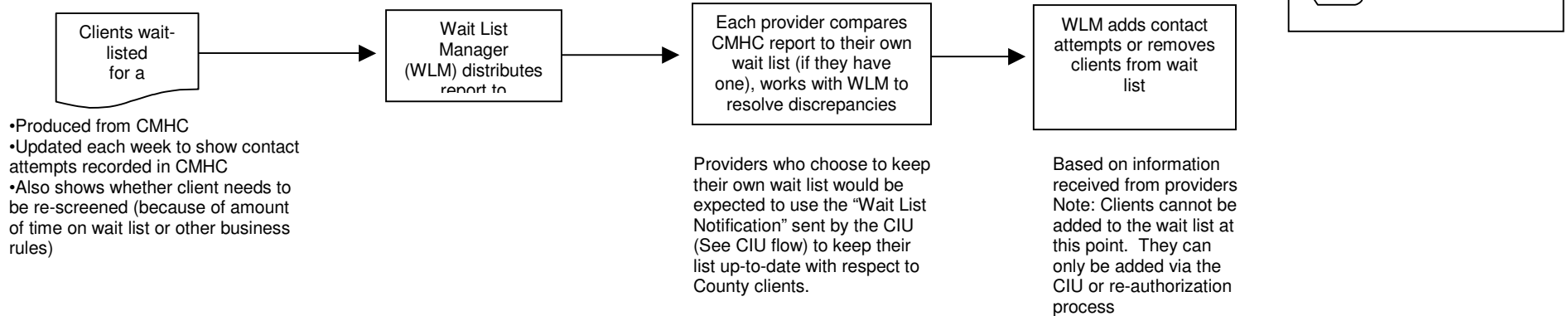


Figure 2: Wait List Process Flow

WAIT LIST



MOVING CLIENTS FROM WAIT LIST TO

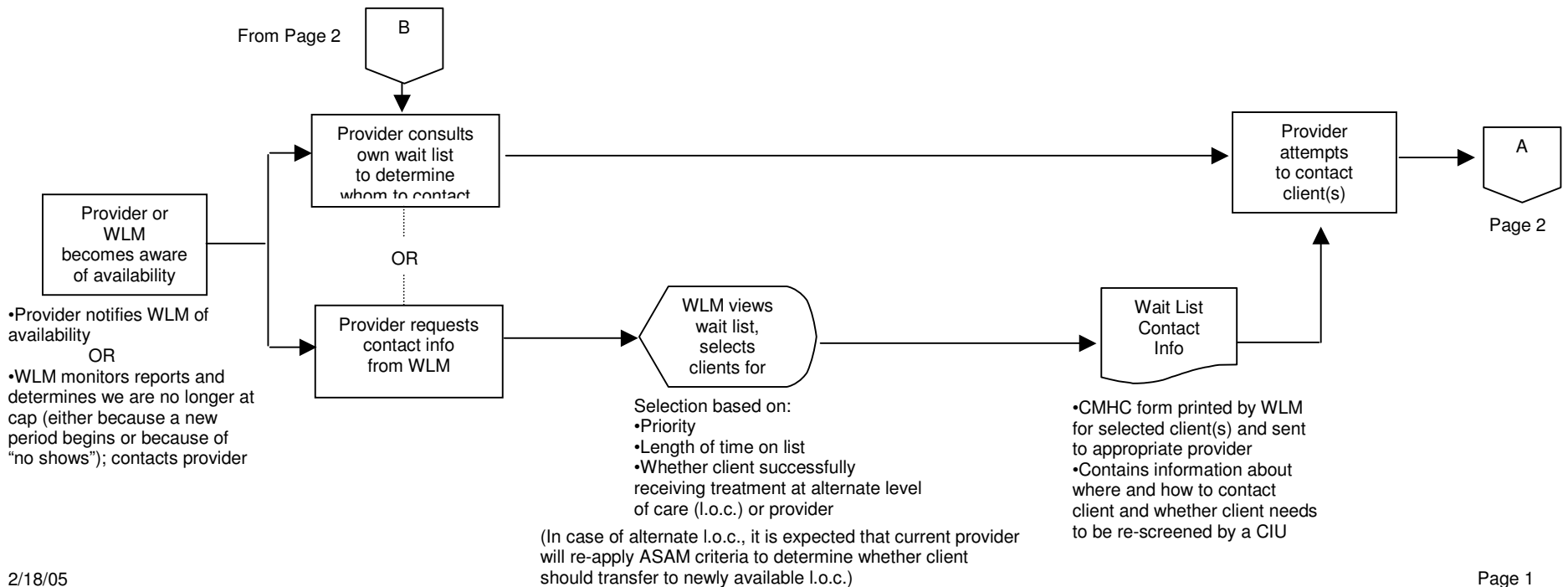
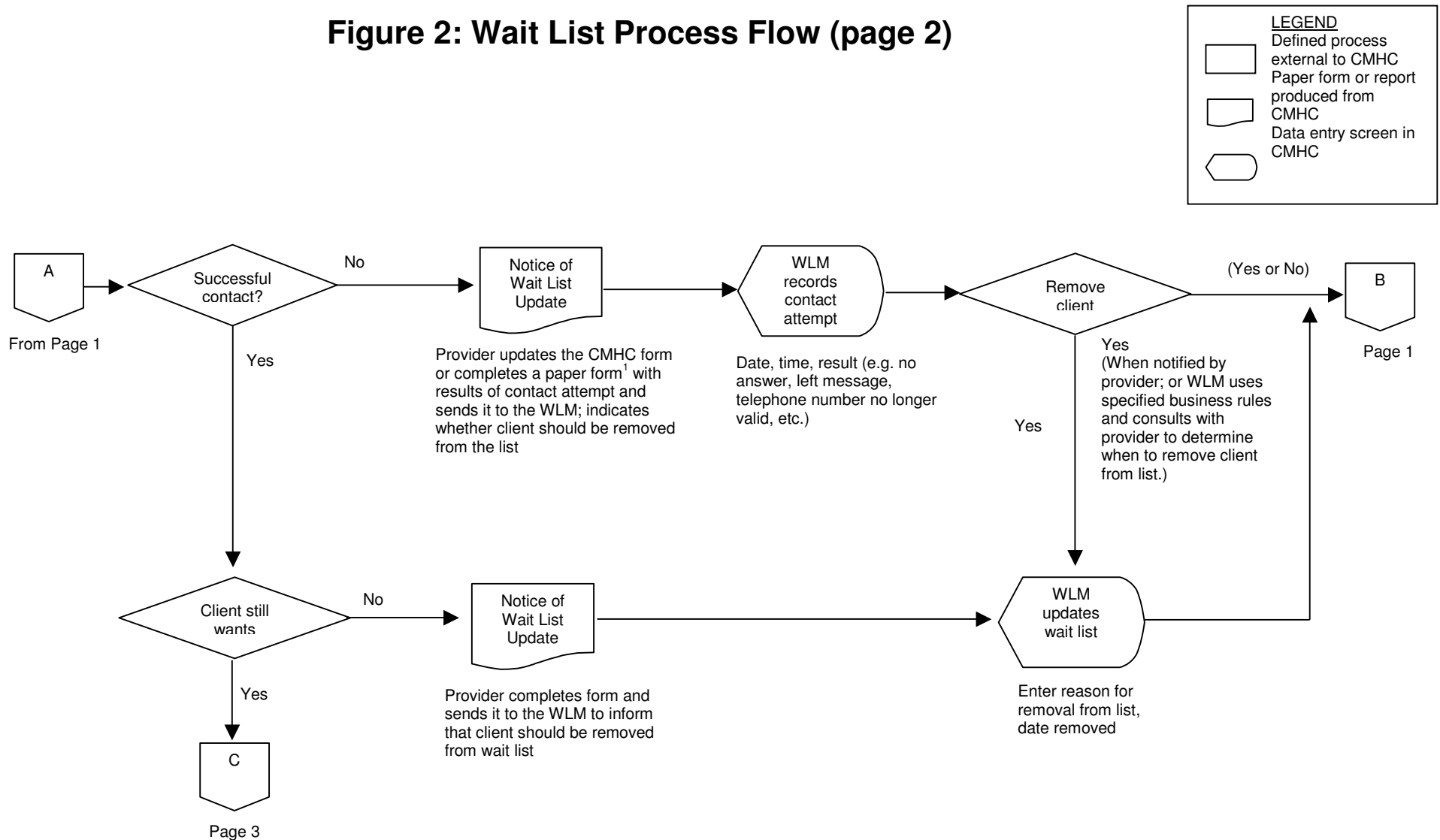
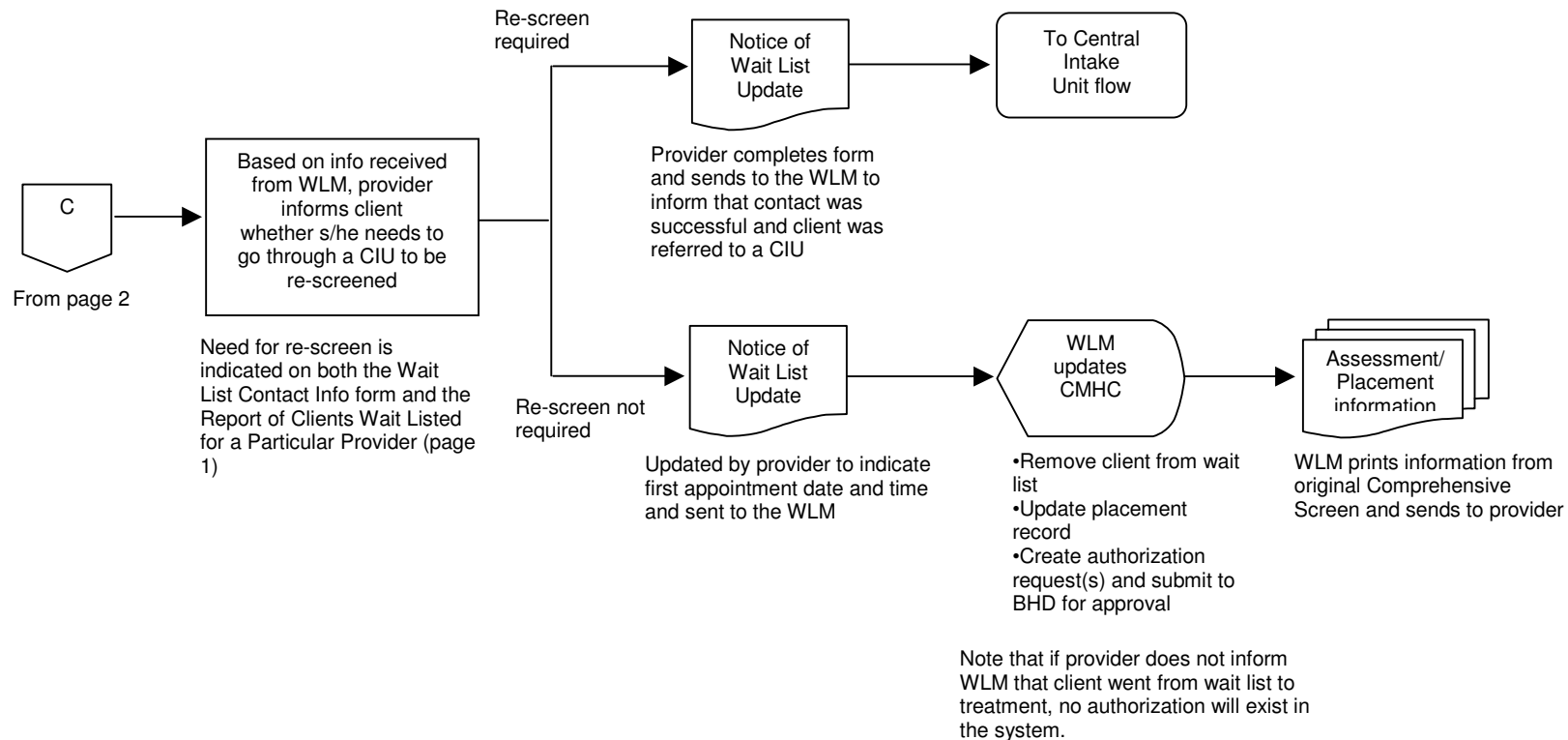


Figure 2: Wait List Process Flow (page 2)



¹ From this point on, for "Notice of Wait List Update", the provider can either use the "Wait List Contact Info" form generated from CMHC and sent to the provider by the WLM (form will be designed as a "turnaround document" that can easily be updated and resubmitted to WLM) or use a standard, paper-based form that the provider fills out and sends to the WLM (in the case where provider has own wait list and is not requesting contact info from the WLM)

Figure 2: Wait List Process Flow (page 3)



D. REQUIREMENTS OF THE CENTRAL INTAKE UNIT PROVIDER

Operations

1. Operations. Manage the operations of the Central Intake Unit according to BHD policies and procedures. Directly operate the two CIU sites serving the general population). Assure consistent business processes across all sites;
2. Subcontracts. Enter into a subcontract with an agency specified by BHD to operate a CIU for the criminal justice population. The CIU provider will be responsible for the performance of the subcontractor;
3. Sites. Identify, secure (purchase or lease), furnish and equip three CIU sites (including the sub-contracted criminal justice site). Locations of sites will be based on the historical distribution of persons accessing CIU services. ((See Appendix for *Geographical Distribution of Persons Accessing CIU Services in 2004*). A north side site for the general population will be located no further north than Capitol Dr., no further south than Walnut St., no further west than Sherman Blvd. and no further east than Holton St. A south side site for the general population will be located no further north than National, no further south than Morgan Ave., no further west than 35th St. and no further east than 6th St. All sites are to be on a bus line, and facilities must meet Americans with Disabilities Act (ADA) requirements. Each site must provide interview areas that assure privacy and confidentiality.
4. Mobile Capacity. In order to maximize system access for clients, the agency will have mobile capacity for conducting intake and screening at locations throughout Milwaukee. Through discussion with BHD, the agency will develop a plan to allocate mobile services to fixed-site locations convenient for clients.
5. Equipment. The CIU must have adequate TDD/TTY, phone system, fax capability and computer equipment sufficient to meet the IT requirements (see page 18), and laptop computer(s) to support mobile capacity.
6. Hours of Operation. In addition to normal, weekday hours of operation (e.g. 8:00a.m. to 4:30p.m.), the applicant must have hours of operation at the two general population sites that provide for access at least one evening a week and Saturday mornings. Mobile Capacity must be available during normal, weekday business hours. Intake services must be available by appointment and on a walk-in basis.
7. Use of Best Practices for Comprehensive Screening. The CIU Operations Management Agency will use instruments and processes approved by BHD for conducting the comprehensive screening. At this time, screening protocol includes the American Society for Addiction Medicine Patient Placement Criteria (ASAM PPC-2R), the Addiction Severity Index (ASI) and the Clinical Institute Withdrawal Assessment (CIWA).
8. Staffing. The CIU agency will implement a staffing plan sufficient for conducting 3,200 intake/screenings annually for the hours of operation listed above. The Central Intake Unit's staff must reflect the cultural, ethnic, gender and linguistic characteristics of the community area it serves. A minimum of one staff must be English/Spanish bilingual, and as needed, provision must be made to communicate with Hmong clients. All CIU's must have means for communicating with vision impaired and with Deaf and Hard of Hearing clients
9. Staff Qualifications.
 - a. Persons conducting the comprehensive screening must possess:
 - a minimum of a Bachelor's degree in Social Work, Psychology, Nursing or a related field with experience in human services, and experience and demonstrated competencies in clinical interviewing and assessment and knowledge of community resources;
 - alternatively, a minimum of a Certified Alcohol and Drug Counselor (CADC-III) certification from the Wisconsin Certification Board with at least three years of experience as an AODA counselor and demonstrated competencies in clinical interviewing and assessment and knowledge of community resources;

- the clinical ability to effectively administer and interpret instruments used in the comprehensive screening, including the Addiction Severity Index (ASI) and the Clinical Institute Withdrawal Assessment (CIWA), and to apply the results to the ASAM PPC-2R;
 - Sufficient computer skills to administer the computer-assisted interview and to enter data into the BHD information system.
- b. At least one staff person, in a supervisory position, must be a licensed Master's level behavioral health professional with a degree in Social Work, Psychology, Nursing or other human service profession with experience and demonstrated competencies in clinical interviewing and assessment and knowledge of community resources.
10. Client Choice. Under the terms of the Access to Recovery program, SAMHSA requires that clients be ensured "genuine, free and independent choice" of provider for all clinical treatment and recovery support services. For the purposes of the Access to Recovery program, choice is defined as "a client being able to choose from among two or more providers qualified to render the services needed by the client, among them at least one provider to which the client has no religious objection." The CIU Operations Management Agency and its staff must implement practices to assure that clients have informed choice. CIU staff must take all measures to assure that the assistance they provide clients in the selection process is based entirely on the client's reported needs and preferences, rather than on any bias in favor of or against any particular provider. Acceptance of any form of compensation, monetary or other, in return for steering a client toward choosing a particular provider is prohibited.
 11. Confidentiality. The CIU agency and its staff must have a thorough understanding of and policies/procedures to comply with Wisconsin patient rights (Wisconsin Administrative Code HFS 94) and confidentiality regulations (HFS 92); the Code of Federal Regulations, 42 CFR, Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records; and the Privacy and Security Rules of the federal Health Insurance Portability and Accountability Act (HIPAA).
 12. Management Information System. BHD is currently re-platforming its AODA Management Information System. The MIS will provide client information, slot availability information, provider information, authorization information, and other management information. Active participation by CIU staff and management in providing information and feedback to continually improve the system is required.

Quality Assurance

Quality Assurance activities ensure the appropriate expenditures of public funds and the provision of quality services. Quality Assurance activities may include, but are not limited to: compliance with all the **Governing Rules** included in these guidelines (especially Item #22, "Inspection of premises and county site audits"); billing reports, treatment delivery and all issued policies/procedures.

Performance Review Process for AODA System Providers

Currently, the AODA system's Quality Assurance protocol requires random audits of all program areas by the Quality Assurance staff. Agencies and services will be reviewed by established audit criteria. .

It is anticipated that a Performance Review Process similar to that of the Adult Mental Health System will be developed for the AODA system in 2005. Having a jointly developed plan will enable the Behavioral Health Division to implement comparable Performance Review Processes for both the Mental Health and the AODA systems. The Behavioral Health Division Performance Review process currently employed for the Adult Mental Health system integrates administrative and program monitoring activities within the Community Services Branch to provide formal, consistent feedback to

programs. The review consists of a two-tier process including evaluation of both process and program outcomes:

1. Process outcome evaluation is achieved by measuring process indicators within an agency report card. This report card includes quarterly monitors along with random onsite agency audits by the audit team. Verbal feedback from this audit is provided to the agency onsite. Each agency will also be required to do a random self-audit report and report the findings to BHD.
2. Program outcomes are measured for each program. Current evaluation criteria available by request.

Information Systems Requirements

CIU staff will access BHD's primary information system (the CMHC/MIS) via the Internet and will be required to enter data directly into the system on a real-time basis. In order to enable this, the CIU agency must meet the following requirements:

- Computer hardware and software must meet the minimum standards as specified by both the BHD and the Milwaukee County Information Management Services Division. At present, these specifications require that all personal computer equipment should be at least a Pentium III 550 MHz processor with a minimum of the following: 128 MB of memory; a CD-ROM drive or access to a network CD-ROM for installation; a minimum of 300 MB of free disk space for installation and working space during processing; 800 x 600 SVGA display with 256 colors and 16MB of video RAM; Parallel port, TCP/IP Ethernet connection of 10BT; at least a 14" color monitor capable of SVGA display; Windows 2000 Professional or Windows XP Professional; Microsoft Internet Explorer 6.0 or higher.
- Each intake worker must have his or her own workstation with broadband access to the Internet.
- Workstations with broadband access to the Internet must also be made available in sufficient number to other staff that may be responsible for entering data into the CMHC/MIS, including but not limited to the receptionist and staff responsible for wait list management (See CIU and Wait List Management process flows, pages 11-15).
- The agency must have email capability.
- The agency will be required to develop functional expertise in the CMHC/MIS in order to maximize the agency's ability to troubleshoot problems without BHD's involvement. BHD will train identified CIU staff as "champions" and these staff members will be expected to be the first tier of problem solving for the CMHC/MIS.
- BHD-mandated software necessary to support access to the CMHC/MIS must be installed and maintained on all workstations that will access the system. BHD will provide the technical support to establish connectivity to the CMHC/MIS. The CIU will be expected to provide subsequent technical support, in collaboration with BHD.
- Initially, the CIU will be required to complete and submit a User Login Request form and Confidentiality Statement for each agency employee requiring access to the CMHC/MIS. All subsequent changes in staff must be reported using this same form. Forms must be submitted on a timely basis in order for BHD to provide system access to new employees and to terminate access for former employees.

Failure to comply with the above information system requirements may result in termination of the contract. In addition, the CIU will have the sufficient technological capacity to adapt as necessary to accommodate any and all changes to information system requirements as required by BHD. Should modifications to these requirements be necessary, BHD will work with the CIU to ensure compliance.

Program Accessibility

Central Intake Unit services must be accessible to:

- (1) Persons who are physically disabled, via building accommodations such as ramps, doorways, elevators, and toilet facilities, and making staff available for persons needing assistance.
- (2) Persons who are Deaf and Hard of Hearing. If no staff is available to assist with sign language interpretation, the provider must make provision to obtain interpreter services as needed.
- (3) Persons who are visually impaired through means such as the presence of Braille signage present in the facility, or staff available for assistance in acquainting clients to the facility.
- (4) Limited or non-English speaking persons. The agency must have staff with bilingual (Spanish) capabilities. If no agency staff is available who speak other languages besides English and Spanish, the provider must make provision to obtain interpreter services as needed.

Sites must be accessible via public, agency, or other transportation, or through mobile capacity.

PART II:

***APPLICATION
INSTRUCTIONS
/TECHNICAL
REQUIREMENTS***

A. General Application Requirements

1. All applications must be typed using the format and the forms presented in the *Technical Requirements*. Applicants may refer to the *Application Format* (p. 23) as a guideline for the order of items.
2. The order of the application is important. For all applications submitted: (1) each **section** of the application must be identified; (2) each **item** within each section must begin on a separate page; and, (3) each **item** must be numbered and titled as it appears on the *Application Format* (p. 23). Proposals that are not organized according to the *Application Format* may be returned to the applicant for reorganization or revision, or they may not be considered for review.
3. New Applicants (agencies who do not currently have service agreements or contracts with BHD) have different submission requirements than do Current BHD Providers. These differences are outlined in the *Application Format* on p. 23 and in the TECHNICAL REQUIREMENTS SECTION that begins on page 20.
4. All pages in the application must be numbered.
5. Pages of the Narrative must have one inch margins and be single-spaced, with minimum 12 pt. font.
6. If an item in the application does not apply, the agency must state that it does not apply and give the reason why it does not apply.
7. The length of responses to certain items in the Program Design section will be limited. If there is a page limitation, it is indicated next to the heading for each item.
8. The application must include a COVER LETTER, signed by the person authorized to file the application by the agency, addressed to:

Mr. James M. Hill, Administrator
Milwaukee County Department of Health and Human Services
Behavioral Health Division
9455 Watertown Plank Road
Milwaukee, WI 53226

(NOTE: DO NOT SEND THE APPLICATION TO MR. HILL)

The cover letter must contain the following statement:

I am familiar with the 2005 *Purchase of Service Guidelines: Program and Technical Requirements* by the Milwaukee County Department of Health and Human Services and am submitting the attached proposal which, to the best of my knowledge, is a true and complete representation of the requested materials.

9. All applications for funding must be received **no later than 4:30 p.m. on March 21, 2005. No extensions will be granted for submission of the proposals unless approved by the County Board Policy Committee.**

APPLICATIONS MAY BE MAILED OR DELIVERED TO:

Milwaukee County Department of Health and Human Services
Behavioral Health Division
ATTN. Paul Radomski
9455 Watertown Plank Road
Milwaukee, WI 53226

10. The application must include a completed APPLICATION SUMMARY SHEET. **The agency's Federal Identification (ID) Number must be included on the Application Summary Sheet.**
11. Applicants must submit an original plus seven (7) copies of the completed application.
12. Applications submitted by an agency become the property of Milwaukee County upon submission. For agencies awarded a service agreement, the application material submitted is placed in an agency master file; it becomes part of the contract with the Milwaukee County Department of Health and Human Services. Application material becomes public information and is subject to the open records law only after the procurement process is completed and a contract is fully executed. Prior to the granting of service agreements and their full execution, the application material is considered as "draft" and is not subject to the open records law. Applications that do not receive funding will be discarded.
13. Milwaukee County requires Purchase of Service contractors to pay a **Living Wage of \$7.73 per hour** to all full-time skilled and unskilled workers employed in any work performed as part of a Milwaukee County purchase contract.

NOTICE TO ALL APPLICANTS

The information contained in all proposals must be updated and current. Agencies are responsible for updating any information currently on file with BHD from prior applications which is no longer correct or no longer accurately represents the agency or the proposed program.

Selection of applicants will be based on the quality of the current proposals, as well as the performance of those who have current agreements or contracts. Selection of applicants will also be based on a review of information included in the DHHS agency master file. Application items in the master file must be updated and current for each of the four sections in the Year 2005 Purchase of Service Guidelines – Technical Requirements. The sections are: (1) Agency Structure; (2) Agency Audit, Budget and Fiscal, (3) Program Design and (4) Civil Rights Compliance Plan.

To receive information or assistance, please contact the following persons:

Program Questions

(Section III, pp. 29-32)

Paul Radomski, Director Adult Community Services
Chuck Sigurdson, Information Systems
414-257-7995

Technical Assistance

(Sections I & II, pp. 24-28)

Virgil Cameron, Contract Administration 289-5954
James Sponholz, Contract Administration 289-5778

PRE-BID CONFERENCE

As part of the RFP process the Behavioral Health Division will conduct a “pre-bid” conference for interested parties on **Wednesday, March 2, 2005, 1:00-3:00 p.m.** in the County Health Programs' Auditorium, Building B, 9501 W. Watertown Plank Road, Milwaukee, WI

APPLICATION FORMAT

ITEMS REQUIRED ON SUBMISSION OF APPLICATION

The submission of items in rows with an “X” in the columns under the filing status of your application are required as part of the application.

	RFP Page #	New Applicants	Current BHD Providers*
A. Application Summary Sheet	39	X	X
B. Cover Letter – 2005 Purchase of Service Guidelines	40	X	X
Item Section 1 Agency Structure			
1. Authorization to File	24, 41	X	X
2. Articles of Incorporation	24	X	
3. Bylaws	24	X	
4. Board of Directors, Advisory Committees, Stockholders	24, 42	X	X
5. Agency Organizational Chart	25	X	
6. Personnel Policies	25	X	
7. Client Grievance Procedure	25	X	
8. Licenses and Certifications	25	X	X
9. Insurance Coverage	25, 83	X	X
10. Disclosure	25, 43	X	X
11. Equal Employment Opportunity Certificate & Policy Statement	26, 44-45	X	X
12. Certification Statement Regarding Debarment and Suspension	26, 46	X	X
13. Certification Statement - Resolution Regarding Background Checks	26, 47	X	X
Item Section 2 Agency Audit, Budget and Fiscal			
14. Taxation Status	27	X	
15. Certified Audit/Board Approved Financial Statement	27	X	X
16. Accounting Policies and Procedure Manual	27	X	
17. Indirect Cost Allocation Plan	27, 48	X	
18. Agency Employees Titles, Salary Codes, Gender and Ethnic/Racial Group and Hours/Week-Yearly Salary (Forms 2, 2A, and 2B)	28, 49-55	X	X
19. Total Agency Anticipated Expenses & Revenue (Forms 5 & 5A)	28, 56-57	X	X
Item Section 3 Program Design			
20. Program Organizational Chart	29	X	X
21. Program Description	29	X	X
22. Staffing Pattern	30	X	X
23. Accessibility	30	X	X
24. Evaluation Plan	31	X	X
25. Cultural Diversity & Cultural Competence	31	X	X
26. Client Characteristic Chart	31, 58-59	X	X
27. Budget and Cost Justification	32	X	X
28. Anticipated Program Expenses (Forms 3 and 3S)	32, 60-69	X	X
29. Anticipated Program Revenue (Forms 4 and 4S)	32, 70-77	X	X
Item Section 4 Civil Rights Compliance Plan			
30. Civil Rights Compliance Plan	30	X	

***Current BHD providers are responsible for updating any information pertaining to the non-required items (above) currently on file with BHD from prior applications which is no longer correct or no longer accurately represents the agency or the proposed program.**

B. TECHNICAL REQUIREMENTS

SECTION 1 AGENCY STRUCTURE

1. Authorization to File

- a. Provide a description of how your agency is organized. State whether the agency is profit, non-profit, a corporation, sole proprietorship, partnership, joint venture, other.
- b. Submit a statement or board resolution authorizing the filing of a Year 2005 application for funding. Agencies must complete the *AUTHORIZATION TO FILE RESOLUTION* on page 41.
- c. The statement or resolution submitted must be signed by an owner, authorized officer of the agency, or board member. It must identify the agency staff and/or board member, by name and title, authorized to negotiate and sign a Year 2005 contract. Contracts cannot be executed unless a statement or resolution is on file with the DHHS.

2. Articles of Incorporation (New Applicants Only)¹

Submit a copy of your original Articles of Incorporation and any amendments or changes to the original Articles.

3. Bylaws (New Applicants Only)

Submit a copy of your original Bylaws and any amendments or changes to the original Bylaws. Contractor is encouraged to incorporate into their Bylaws a requirement that their Board of Directors include individuals with recognized competence and expertise in financial, legal, and personnel/human resources disciplines as well as experience and knowledge in human services program areas.

4. Board of Directors, Advisory Committees, Stockholders

- a. Complete the *Board of Directors/Agency Owners Demographic Summary* form on page XX.
- b. Submit a list of current board members including a professional resume, name, address, office held, and date when the term of service expires, or the name of each stockholder or owner and their percentage of ownership interest and share of the profits or dividends.
- c. Provide a description of any committees and the committee's purpose, including advisory committees.
- d. Provide a list of the dates on which a Board of Directors meeting will be held in the year for which funds are requested.
- e. Contractor agrees to retain Board of Directors meeting minutes for a period of at least four (4) years following contract termination.
- f. Contractor agrees that County shall have the right of access to Board of Directors meeting minutes upon request.

¹ Current BHD providers are not required to submit items marked "New Applicants Only" unless the information currently on file with BHD from prior applications is no longer correct or no longer accurately represents the agency or the proposed program

5. Agency Organizational Chart (New Applicants Only)

Provide an organizational chart of the agency which details each major department or program. For each department or program, include the position title of the person responsible for the management of it. If appropriate, show the relationship between the agency's governing body and any advisory committees. Include on the chart any ancillary positions such as medical director, consultants, etc. by major department or program.

6. Personnel Policies (New Applicants Only)

Submit a copy of the agency's personnel policies. The policies must include a section on severance pay and reimbursement for travel and meals for employees, board members, and volunteers.

7. Client Grievance Procedure (New Applicants Only)

Submit a grievance procedure which includes the following:

- a. Informs clients of their rights and identifies the process clients may use to enforce those rights. For Behavioral Health Department clients rights, see §.51.61, Wisconsin Statutes. and Wisconsin Administrative Code DHFS 94.
- b. Protects persons who file grievances from any retribution for that action and maintains confidentiality of all client information relative to grievances.
- c. Provides procedures which are standardized and proceed through the agency with the final stage of the grievance being the service area to which your proposal is being submitted i.e., Adult AODA, Adult Mental Health and Wraparound Milwaukee children services if the grievance is not resolved in the internal steps of the agency. The procedures must include time lines and follow-up procedures of grievance decisions.
- d. Permits clients to arrange for representation in any grievance and assists clients in writing out their grievance if required as part of the procedure.

8. Licenses and Certifications

Submit a copy of each individual staff person's license or certificate that they are required to have to provide the service for which you are requesting funds. Any current disciplinary action related to the licensure or certification of any such individual must be reported in the application. Any such disciplinary action received during the term of the contract must be reported immediately to BHD.

9. Insurance Coverage

Contractor agrees to evidence and maintain proof of financial responsibility to cover costs as may arise from claims of tort, statutes and benefits under Workers' Compensation laws and/or vicarious liability arising from employees. Such evidence shall include insurance coverage for Worker's Compensation claims as required by the State of Wisconsin, including Employer's Liability and insurance covering General and Automobile Liability coverages as specified in Governing Rules #15, p. 82. Attach copy of current Certificate of Liability Insurance.

10. Disclosure

Refer to Governing rules #16, p. 84. Sign and attach Disclosure form (p. 43).

11a. Equal Employment Opportunity Certificate

All agencies are required to complete and return the Equal Employment Opportunity Certificate on p. 44.

11b. Equal Opportunity Policy

The Equal Opportunity Policy form (p. 45) is to be completed and posted at the agency. A copy of the form is to be submitted with your application.

12. Certification Statement Regarding Debarment and Suspension

Refer to Governing Rule #28, p. 28. The Certificate Statement Regarding Debarment and Suspension (p. 46) must be submitted with this application.

13. Background checks

County and Applicant agree that the protection of clients served under this Agreement is paramount to the intent of this Agreement. Applicant certifies that it will comply with the provisions of HFS 12, Wis. Admin. Code State of Wisconsin Caregiver Program (online at <http://www.legis.state.wi.us/rsb/code/index.html>). Provider further certifies that it will comply with the provisions of the Milwaukee County Resolution Requiring Background Checks set forth in the Milwaukee County Department of Health and Human Services Year 2005 Purchase of Service Guidelines - Technical Requirements. Refer to Governing Rules #20, p.85.

Agreements cannot be executed unless the Certification Statement of the Resolution Regarding Background Checks (p. 47) is submitted with this application and on file with the DHHS.

Keep Current Information

It is the Provider's responsibility to keep all information current and up-to-date. Failure to submit timely and current insurance, licenses, and certifications will result in a suspension to participate in the Behavioral Health Division, Community Services Branch contract programs.

SECTION 2

AGENCY AUDIT, BUDGET, and FISCAL ITEMS

14. **Taxation Status** (New Applicants Only)

State whether your agency is for profit or not-for-profit. For not-for-profit agencies, indicate federal/state tax status. If tax exempt, include copies of federal/state documentation such as a copy of the letter granting exempt status. For proprietary agencies, allowable profit is determined by applying a percentage equal to 7 1/2% of net allowable operating costs plus 15% applied to the net equity, the sum of which may not exceed 10% of net allowable operating costs (Refer to Governing Rules 30.A(1)f, p. 94).

15. **Certified Audit Report/Board Approved Financial Statement.** – Refer to Governing Rules #30, p. 93.

16. **Accounting Policies and Procedures Manual** (New Applicants Only)

Submit a copy of the agency's accounting policies and procedures manual. The manual must comply with the State Department of Health and Family Services (DHFS) accounting principles and allowable cost policies, which may be obtained from Contract Administration, Phone: 289-5980. The DHFS accounting principles and allowable cost policies cannot be submitted in lieu of the agency's own manual.

17. **Indirect Cost Allocation Plan (Form 19)** (New Applicants Only)

All agencies and organizations which are awarded a Purchase of Service Contract with the DHHS are required to submit an Indirect Cost Allocation Plan for review and approval under the following conditions:

- a. the agency provides more than one program or service for Milwaukee County;
- b. **the agency provides one program or service for Milwaukee County and one or more program(s) or services(s) is/are provided by the agency for any other entity(ies) during the same period;**
- c. **the agency allocates costs for general and administrative expenses between itself and an affiliated agency or any other entity.**

As part of the Indirect Cost Plan, describe the formula and/or the method used to allocate indirect costs to each program or service under contract.

Contracts cannot be executed unless an Indirect Cost Allocation Plan is on file with the DHHS.

Indirect costs must be allocated in a manner consistent with the instructions in the Federal Office of Management and Budget (OMB) *Circular A-122: Cost Principles for State and Local Governments* and the State DHFS *Allowable Cost Policy Manual*. Copies of these documents may be obtained from DHHS, Contract Administration, Phone: 289-5954.

18. Agency Employee Titles, Salary Codes, Gender and Ethnic/Racial Group, Hours/Week-Yearly Salary

Report the *(1) Position Titles; (2) Codes (Salary Description;)* *(3) Gender and Ethnic/Racial Group; (4) Hours/Week-Yearly Salary; and, (5-9) allocation of salaries for specific programs* of each employee position, including **executive positions**, that have any portion of their time directly allocated to a Behavioral Health Division program on Forms 2 and 2A.

Report employee demographics on Form 2B, *Employee Demographics Summary Form*.

Report the hours of employees who work for more than one related organization on the form *Employee Hours - Related Organization Disclosure*.

19. Total Agency Expenses and Revenues

Report the **total** agency's actual contract year anticipated expenses and revenues on Forms 5/5A. When completing these forms refer to the expense and revenue control accounts included in the last section of these guidelines.

SECTION 3 PROGRAM DESIGN

20. Program Organizational Chart

Provide an organizational chart that shows in detail, position titles and reporting relationships with regard to the proposed Central Intake Unit services. Include all positions for which funding is being requested.

21. Program Description

A. Experience and Qualifications of the Organization (6-page limit)

- 1) Explain your understanding of the purpose of central access and its relationship to level of care determination, service matching and gate keeping.
- 2) Explain how the delivery of Central Intake Unit (CIU) services relates to the mission and goals of your organization.
- 3) Describe your organization's prior experience and capabilities in providing Central Intake Unit or similar services. What other programs/services does your organization offer?
- 4) The target population to be served includes individuals with substance use disorders who are from:
 - A. The General Population of Milwaukee County.

B. Criminal Justice Population:

- a) incarcerated individuals that are reentering the Milwaukee community from prison and
- b) persons on probation or parole supervision who are facing revocation proceedings and imprisonment, and who can be safely supervised in the community while benefiting from AODA treatment and recovery support services as an alternative to revocation.

Families with children from both the general and criminal justice populations will be prioritized.

Describe the strengths, problems, and needs of individuals in the target population(s) that you propose to serve. Describe your organization's experience in providing services to the specified population(s).

- 5) What do you do to collaborate and network with other providers of substance abuse and recovery support services? Describe your experience in working with other systems (e.g., child welfare, criminal justice, W-2, mental health, health care, Department on Aging, etc.) who refer individuals for substance abuse screening.
- 6) Describe your organization's current (or planned) capacity to meet the information technology requirements outlined in Part 1, p. 18.
- 7) Describe your agency's experience conducting screening and assessment with the American Society for Addiction Medicine Patient Placement Criteria (ASAM PPC-2R), the Addiction Severity Index (ASI) and the Clinical Institute Withdrawal Assessment (CIWA), or any other evidence-based practices/instruments.

B. Service Delivery Plan (5-page Limit, excluding Notice of Privacy Practices)

Describe how Central Intake Unit operations will be managed. Address specifically:

1. Describe your process for providing oversight, training, technical support and monitoring to your sites and the subcontractor to assure consistency of operating procedures across sites and compliance with BHD policies and procedures?
2. Propose a plan for providing mobile capacity. Under what circumstances would you honor client/referral source requests to travel to community locations to provide intake/screenings? At what types of offsite locations in the community might you establish a regular schedule for providing intake/screenings? How would you address safety issues related to mobile capacity?
3. How would you engage with a client and orient them to the AODA Services program, the intake/screening process and service access? What are the key points that you would cover in such an orientation?
4. Describe how you would identify and address emergent and urgent needs of clients.
5. How will you work with clients to facilitate their informed choice of service providers? (For the purposes of the Access to Recovery program, choice is defined by SAMHSA as “a client being able to choose from among two or more providers qualified to render the services needed by the client, among them at least one provider to which the client has no religious objection.”)
6. Describe your system for ensuring that data is entered directly into BHD’s information system in a timely, accurate and complete manner. (See Figure 1, *Central Intake Unit Process Flow*, for an overview of CIU data entry responsibilities.)
7. Attach your agency’s current Notice of Privacy Practices as required under the federal Health Insurance Portability and Accountability Act (HIPAA). The Notice should reflect your obligations not only under HIPAA, but also under Wisconsin Administrative Code HFS 92 and the Code of Federal Regulations, 42 CFR, Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records. Describe how you would assure privacy of client information in your possession.

C. Implementation Plan (2 page limit)

Provide a plan, with timeline, that documents your agency’s readiness to provide services beginning June 1, 2005.

22. Staffing Plan (2 page limit)

- A. Describe your staffing plan for managing and operating the Central Intake Unit. For current clinical and management staff who will be involved in the program’s operation, list qualifications in terms of experience, training, and educational credentials.
- B. Describe your agency’s plan for initial and ongoing training for Central Intake Unit staff.

23. Program Accessibility (2 page limit)

Provide a detailed description of each of the following items:

- (1) Accessibility of the program to persons who are physically disabled, including building accommodations such as ramps, doorways, elevators, and toilet facilities, and if staff is available for persons needing assistance. If the program is not accessible, explain where the client would be referred or how disabled clients are accommodated.
- (2) Accessibility for persons who are hearing impaired. List the name, position title, and level of training of staff who assist in sign language interpreting. If no staff is available, explain where interpreter services would be obtained. Describe the training opportunities available to existing staff to develop sign language skills.

- (3) Accessibility of the program for persons who are visually impaired including Braille signage present in the facility, or staff available for assistance in acquainting clients to the facility.
- (4) Accessibility for limited or non-English speaking persons. List the name, position title, and language for staff who speak other languages besides English. If no agency staff is available, explain how interpreter services would be obtained or where the client would be referred.
- (5) Transportation availability to the facility including public, agency provided, or other transportation.
- (6) Differences in accessibility by program site.

24. Employee Evaluations (1 page limit)

- a. Explain the process for conducting employee evaluations. Give an example of how the results from evaluations have been used to improve employee hiring, training, and retention practices at the agency.
- b. Client/community evaluation and feedback
Describe how clients and community members are integrated into the process of evaluating the program, e.g. through satisfaction surveys, board and committee membership, public forums, etc. Include copies of any instruments that have been used to collect feedback from clients or the community. Give a specific example of how the results of this feedback have been used.
- c. Other
Describe any other performance or quality improvement activities in which the program engages.

25. Cultural Diversity and Cultural Competence (3 page limit)

Describe the actions that the agency/program takes to integrate the County's commitment to the goal of cultural diversity and cultural competence, as defined below, into policy development, program planning, and service delivery. Be specific (For example, does the program employ persons with mental illness? Are committees and the Board of Directors culturally diverse? Does the agency provide in-services or other training opportunities in order to promote cultural competence?).

Cultural Diversity - The presence of individuals and groups from different cultures. Cultural diversity in the workplace refers to the degree to which an organization, agency, or other group is comprised of people from a variety of different backgrounds related to behaviors, attitudes, practices, beliefs, disability groups, and racial and ethnic identity.

Cultural Competence - A set of congruent behaviors, attitudes, practices and policies that are formed within a system, within an agency, and among professionals that enable the system, agency, and professionals to work respectfully, effectively, and responsibly in diverse situations. Essential elements of cultural competence include valuing diversity, understanding the dynamics of difference, institutionalizing cultural knowledge, and adapting to and encouraging organizational diversity.

Address the following:

1. Describe your agency's experience in and understanding of working with persons from different cultures. What approaches will you use to successfully engage persons from diverse cultures in Recovery Support Coordination? Your response should address the specific population your agency serves, as reflected on your Client Characteristics Chart (see item #24).
2. Describe your agency's experience in and methods of delivering gender-responsive services.
3. How would you approach a client in terms of inquiring about their need for a faith-based provider?

26. Client Characteristics Chart

Complete and submit the Client Characteristics Chart on page 58. Specify the number and percent of clients your agency served in 2004 in each category within the age, sex, ethnic background, and other sections of the chart.

27. Budget and Cost Justification (1 page limit for narrative)

The applicant should propose an annual compensation amount sufficient to: 1) provide the required services (see *Definition of Central Intake Unit Services*, p. 9) and 2) fulfill contractual requirements as described in *Requirements of Central Intake Unit Provider* (p. 16) and throughout the RFP. Projected volume for screenings is approximately 3,200 two-hour interviews on an annual basis. In addition, the CIU will be required to enter approximately 1100 Intoxicated Driver Program assessments into the BHD information system each year (15 minutes estimated for entry of each assessment). BHD reserves the right to re-negotiate the amount of the contract should volume deviate significantly from these estimates. The proposed cost will be one of the review criteria by which the vendor will be selected. The budget submitted (see items 28 and 29) should clearly support a cost-effective delivery of the required service. In addition to completion of the budget forms under items 28 and 29, the applicant should provide in this section a one-page narrative concisely describing and justifying the allocation of budgetary resources.

28. Anticipated Program Expenses (Forms 3 and 3S)

Complete Forms 3 and 3S, Anticipated Program Expenses and Supplementary Sheets (pp. 60-69) for each program and each target population for which funding is being requested.. **Programs which are funded by site must include separate forms for each site.**

29. Anticipated Program Revenue (Forms 4 and 4S)

Report projected 2005 revenues for each program on Forms 4 and 4S (pp. 70-77). **Programs which are funded by site must include separate forms for each site.**

SECTION 4

CIVIL RIGHTS COMPLIANCE PLAN

30. Civil Rights Compliance Plan

Consistent with the requirements of the U. S. Department of Health and Human Services and the State of Wisconsin Department of Workforce Development (DWD) and the Department of Health and Family Services (DHFS), all for-profit and non-profit entities applying for funding are required to complete and submit a copy of a CIVIL RIGHTS COMPLIANCE PLAN (CRCP) to include Affirmative Action, Equal Opportunity, and Limited English Proficiency (LEP) Plans. This applies to agencies and organizations that have 25 or more employees, or do \$25,000 or more worth of business with Milwaukee County. Any agency or organization that is required to file a CRCP with the DWD or the DHFS in 2005 must submit a copy of the same plan to the Milwaukee County Department of Health and Human Services (DHHS). All other agencies and organizations are required to file a "Letter of Assurance" with the DHHS.

Agencies and organizations that file the State forms listed below are required to submit copies of those forms to the Milwaukee County Department of Health and Human Services as part of their application for funding.

- Form DOA 3607, Affirmative Action Eligibility by Federal Employer Identification Number or Social Security Number;
- Form DOA 3024, Affirmative Action Request for Exemption (from filing Form DOA 3607);
- Form DOA 3023, Vendor Subcontractor List (for qualified subcontractors that meet Equal Opportunity thresholds).

(For instructions and information to obtain forms, please refer to the Civil Rights Compliance Plan Booklet enclosed with the RFP materials – for questions, please call Howard Felix at 289-6183).

C. PROPOSAL REVIEW PROCESS

Overview of the Request for Proposal Process

The Department of Health and Human Services' Request for Proposal (RFP) process begins with the preparation of the *Purchase of Service Guidelines: Program Requirements and Technical Requirements*; the mailing of an 'Interested Parties' letter to all current contractors and interested parties on the Department of Health and Human Services (DHHS) mailing list maintained by Contract Administration; and, the publication of media announcements in community newspapers.

Following the proposal review process outlined in the *Technical Requirements*, contract award recommendations are presented for approval to the County Board Committee on Health and Human Needs. The County Board of Supervisors may modify or reject the funding recommendations, and the County Executive may veto, in part or in whole, the County Board's action.

Proposal Review Panel Selection and Representation

Proposal Review Panel Selection

Proposals to provide services under a purchase contract for the Department of Health and Human Services shall be evaluated by panel members with familiarity and/or experience in the field of social/human services. Panel members may not have any familial, official, board member, fiduciary or contractual relationships with Milwaukee County; or, hold any ownership or employment interests in the agency or its subsidiaries being evaluated. On the discretion of DHHS division administrators, respective program, quality assurance and contract administration staff will serve on review panels, as appropriate. Staff will not comprise the majority of panel members. Outside panel members will be selected from various sources including the following:

- community volunteers and representatives;
- representatives of professional and educational organizations; and
- representatives of community councils and advocacy organizations.

Recommendations of persons to serve on proposal review panels are welcome from appropriate governmental entities, i.e., Disadvantaged Business Development Department, etc.

Proposal Review Panel Representation

- minority and culturally diverse representation;
- client/service recipient representation or their guardians, if applicable.

The primary role of Department of Health and Human Services program division staff shall be to serve in a consulting capacity to panel members. Respective division staff shall convene the panel at a specific time and place to discuss the review process in a group setting, and, following the review, to finalize the proposal ratings prior to averaging the scores. Staff, as consultants, shall provide responses to program and procedural information including:

- past performance of an agency;
- agency's problem solving and responsiveness to issues;
- program knowledge;
- program needs; and
- program outcomes and performance reviews.

Representatives participating on a review panel will score each proposal independently on a preliminary basis, with the final proposal analysis reporting an average score of the proposal as determined in the group discussion of the panel.

1. Panel representation for **more than one proposal** submitted to provide the same program or service for the DHHS will be a **minimum of three members**. The panel shall be comprised of as broad a base of community, minority and culturally diverse, client/service recipient representation as possible. Based on the discretion of division administrative staff, or on program factors, number of proposals submitted, and minority and culturally diverse representation, etc., panels may be comprised of more than three members including one program or quality assurance staff, and one contract administration staff. Staff will not comprise the majority of panel members.

2. Panel representation when **only one proposal** is submitted per contract to provide a particular program or service will be no more than two members comprised of as broad a base of community, minority and culturally diverse, client/service recipient representation as possible. The panel for only one proposal submitted to provide a program or service may be comprised of one community representative.

Initial Screening

Upon receipt of the applications, the Behavioral Health Division (BHD) staff will do an initial screening to determine if all application items have been addressed in the required format. Applications are expected to be complete by the filing deadline. **If substantial omissions are made (as determined by BHD), the application will receive no further consideration.** If minor omissions are made, funding decisions will be made on the information submitted. After the initial screening is completed, in-depth reviews will begin.

Review Criteria

Proposals that pass the initial screening will receive an in-depth review by a team including clients, community representatives, Management Services Division and Behavioral Health Division staff. The proposal will be scored using criteria outlined on p. 35

Recommendations for Selection of Applicants

The review team will provide a listing of agency scores and comments on the applications to the Director of the Community Services Branch. Using this information, he will make recommendations to the Administrator of the Behavioral Health Division. Applicants may not be recommended for selection due to:

- a. Relative low rating compared to other applicants;
- b. Inadequate application data;
- c. Inconsistent service definitions/requirements, or not specific to defined target population;
- d. Inability to demonstrate sufficient experience (either length of time or rate of success) in providing services;
- e. Failure to demonstrate the administrative/fiscal capacity to operate the program;
- f. Lack of cost effectiveness;
- g. Insufficient BHD funds; and
- h. Lack of demonstrated efforts on the part of an agency to reflect cultural diversity and cultural competence.

The Administrator of the Behavioral Health Division will recommend selection of specific applicants to the Director of the Department of Health & Human Services (DHHS). Upon his approval, the recommendations will be made to the Combined Community Services Board, the Milwaukee County Board of Supervisors (the Health and Human Needs Committee as well as the full Board), and the County Executive. Their approval is also required prior to the completion of service agreements with successful bidders. Prior to the execution of contracts, programs will be required to make the final submission of information as described under the Application Contents section of these *Technical Requirements*.

NOTE: The Behavioral Health Division reserves the right to require applicants to submit additional information and documentation not identified in this Request for Proposals.

D. PROPOSAL REVIEW CRITERIA

Proposals that pass the initial screening will receive an in-depth review by a team including clients, community representatives, Management Services Division and Behavioral Health Division staff. The proposal will be scored using the following criteria:

1. Administrative Ability - 10 points

The applicant demonstrates evidence of administrative capacity to meet federal, state, and county requirements. The organizational structure evidences clear reporting relationships and accountabilities for program operation and management. The applicant demonstrates an ability to provide timely and accurate client and financial reports.

2. Experience and Qualifications of the Organization - 40 points.

The applicant's experience demonstrates the ability to manage the operations of the Central Intake Unit and provide intake/comprehensive screening services to the target population. The application reflects an understanding of the purpose of central access and its relationship to level of care determination, service matching and gate keeping. The applicant demonstrates an understanding of the strengths, needs and problems of individuals within the target population. The applicant demonstrates experience in collaborating with other service providers and other systems (e.g., child welfare, criminal justice, W-2, mental health, Department on Aging , etc.). The applicant has documented the capacity to meet the information technology requirements. The applicant has experience conducting screening and assessment with the American Society for Addiction Medicine Patient Placement Criteria (ASAM PPC-2R), the Addiction Severity Index (ASI) and the Clinical Institute Withdrawal Assessment (CIWA), or other evidence-based practices/instruments. For applicants without prior Milwaukee County experience, information may be gathered from references provided by the applicant. Documented non-performance under previous contracts will be taken into consideration.

3. Service Delivery Plan - 40 points

The service delivery system described is consistent with that described by the Behavioral Health Division Vision and Mission Statement and the AODA delivery system's core values. A workable approach is presented for providing oversight, training, technical support and monitoring to sites and the subcontractor to assure consistency of operating procedures across sites and compliance with BHD policies and procedures. The application describes an effective plan for providing mobile capacity and for addressing emergent and urgent needs of clients. The application documents an appropriate approach for client engagement as well as orientation to AODA System services, intake/screening and service access. The applicant describes a process by which they will ensure genuine informed client choice of service providers. An effective system is described for assuring the reporting of client and other information to BHD in a timely, accurate and complete manner. The Notice of Privacy Practices demonstrates a working understanding of client confidentiality/privacy issues and makes clear that practices are in compliance with relevant state and federal law. Appropriate grievance procedures are in place. The program sites are accessible to persons with disabilities and limited English speaking abilities.

4. Staffing Plan - 30 points

The agency demonstrates an ability to provide effective staffing and agency oversight, including board review and direct service staff supervision. Staffing levels are adequate. Staff meets required qualifications. An adequate plan for initial and ongoing training of Central Intake Unit is presented.

5. Implementation Plan - 15 points.

The applicant has an adequate and appropriate time frame and action plan for implementation that evidences the agency's readiness to provide services beginning June 1, 2005.

6. Cultural Diversity and Cultural Competence - 25 points

The program takes actions that show its commitment to the goals of cultural diversity and cultural competence in the workplace, including diversity in staffing practices and Board/committee composition as well as and serving a culturally diverse population in a culturally competent manner. The involvement of clients in policy-making, planning, service delivery, and evaluation contributes to cultural diversity and cultural competence. The applicant describes appropriate approaches to delivering culturally competent, gender-responsive services and to addressing the spiritual needs of clients.

7. Budget Justification - 30 points

The applicant provides a budget that is accurate, clear, and in sufficient detail. The budget effectively and efficiently supports the level of service, staffing, and the proposed program. The applicant's proposed cost to deliver the service is comparable to that of other applicants.

TOTAL POSSIBLE SCORE: 190 POINTS

Note: Though Section 4, Civil Rights Compliance Plan is not scored, submission of the agency's plan is required as part of the application.

PART III:

APPLICATION

FORMS

YEAR 2005 APPLICATION SUMMARY SHEET**Form A**

Agency _____ Agency Director _____
(Name & Title)

Address _____ Contact Person _____
(Street) (Name) (Telephone Number)

_____ Federal ID Number _____
(City) (State) (Zip Code)

Agency Fiscal Period _____
(Mo./Day/Year – Mo./Day/Year)

AGENCY TYPE

☐ Individual Provider ☐ Partnership ☐ Corporation ☐ Service Corporation ☐ Profit ☐ Non-Profit

PROGRAM/FACILITY ACCESSIBILITY

Handicapped Parking ☐ Yes ☐ No
DD/TTY ☐ Yes ☐ No (If yes, give number: _____)
Facility Wheelchair Accessible ☐ Yes ☐ No
Describe Language Accessibility: (Non-English, American sign language, etc): _____

MINORITY OR DISADVANTAGED VENDOR

☐ Yes ☐ No

(Check all that apply)

Minority Vendor

- ☐ At least 51% of the Board Directors are minorities
- ☐ Organization is owned and operated by at least 51% minorities

Disadvantaged Vendor

- ☐ At least 51% of the Board of Directors are women
- ☐ Organization is owned and operated by at least 51% women

THIS SHEET MUST BE ATTACHED TO THE TOP OF THE APPLICATION PACKAGE

Form B

SAMPLE COVER LETTER

Date

Mr. James M. Hill, Administrator
Milwaukee County Department of Health and Human Services
Behavioral Health Division
9455 Watertown Plank Road
Milwaukee, WI 53226

SALUTATION:

I am familiar with the *"2005 Purchase of Service Guidelines: Program and Technical Requirements"* set forth by the Milwaukee County Department of Human Services and am submitting the attached proposal which, to the best of my knowledge, is a true and complete representation of the requested materials.

Sincerely,

Authorized Signature and Title

Name of Agency

YEAR 2005 AUTHORIZATION TO FILE RESOLUTION

This is to certify that at the _____ meeting of the Board of
(Date)

Directors of _____ the following resolution (Agency
Name)

was introduced by _____, and seconded by
(Board Member's Name)

_____, and unanimously approved by the Board:
(Board Member's Name)

BE IT RESOLVED, that the Board of Directors of _____
(Agency Name)

hereby authorizes the filing of an application for the Year 2005 Milwaukee County

Department of Human Services (DHHS) funding. In connection therewith,

_____ and _____ is (are)
(Name and Title) (Optional Name(s) and Title)

authorized to negotiate with Milwaukee County DHHS staff.

In accordance with the Bylaws (Article _____, Section _____) of

_____, _____
(Agency Name) (Name and Title)

and _____ is (are) authorized to (Optional
Name(s) and Title)

sign the Year 2005 Purchase of Service Contract.

Dated: _____
(Signature)
Secretary of the Board of Directors

**YEAR 2005 BOARD OF DIRECTORS/AGENCY OWNERS
DEMOGRAPHY SUMMARY**

Agency _____ Date Submitted: _____

(a)	(b)	(c)	(d)
Ethnicity	Female	Male	Total
Asian or Pacific Islander			
Black			
Hispanic			
American Indian or Alaskan Native			
White			
Totals			

As applicable, footnote in parenthesis (), by ethnic category in either Column (b) or (c), the number of Board members/owners who may be defined as a "handicapped individual":

A "handicapped individual" is defined pursuant to section 504 of the Rehabilitation Act of 1973 as any person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities (e.g. Caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working);
2. Has a record of such impairment, or;
3. Is regarded as having such an impairment.

Ethnicity is defined as:

1. Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and-Samoa.
2. Black: All persons having origins in any of the Black racial groups of Africa.
3. Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain, or other European countries).
4. American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
5. White: All persons who are not Asian or Pacific Islander, Black, Hispanic, American Indian or Alaskan Native.

YEAR 2005 DISCLOSURE FORM

_____ is aware of the
(Agency Name)

Disclosure requirements listed under Governing Rules Number 16 of the *Year 2005 Purchase of Service Guidelines* published by the Milwaukee County Department of Health and Human Services: Behavioral Health Division, Community Services Branch, and assures that no conflict of interest exists.

(Authorized Signature)

(Date)

**YEAR 2005 EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATE
FOR MILWAUKEE COUNTY CONTRACTS**

In accordance with Section 56.17 of the Milwaukee County General Ordinances and Title 41 of the Code of Federal Regulations, Chapter 60, SELLER or SUCCESSFUL BIDDER or CONTRACTOR or LESSEE or (Other-specify). (Hence forth referred to as VENDOR) certifies to Milwaukee County as to the following and agrees that the terms of this certificate are hereby incorporated by reference into any contract awarded.

Non-Discrimination

VENDOR certifies that it will not discriminate against any employee or applicant for employment because of race, color, national origin, sex, age or handicap which includes but is not limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship. VENDOR will post in conspicuous places, available to its employees, notices to be provided by the County setting forth the provision of the non-discriminatory clause.

A violation of this provision shall be sufficient cause for the County to terminate the contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the contractor for use in completing the contract.

Affirmative Action Program

VENDOR certifies that it will strive to implement the principles of equal employment opportunity through an effective affirmative action program, which shall have as its objective to increase the utilization of women, minorities, and handicapped persons and other protected groups, at all levels of employment in all divisions of the seller's work force, where these groups may have been previously under-utilized and under-represented.

VENDOR also agrees that in the event of any dispute as to compliance with the aforestated requirements, it shall be his responsibility to show that he has met all such requirements.

Non-Segregated Facilities

VENDOR certifies that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not permit its employees to perform their services at any location under its control, where segregated facilities are maintained.

Subcontractors

VENDOR certifies that it has obtained or will obtain certifications regarding non-discrimination, affirmative action program and nonsegregated facilities from proposed subcontractors that are directly related to any contracts with Milwaukee County, if any, prior to the award of any subcontracts, and that it will retain such certifications in its files.

Reporting Requirement

Where applicable, VENDOR certifies that it will comply with all reporting requirements and procedures established in Title 41 Code of Federal Regulations, Chapter 60.

Affirmative Action Plan

VENDOR certifies that, if it has 10 or more employees, it will develop and/or update and submit (within 120 days of contract award) an Affirmative Action Plan to: Mr. Amos Owens, Audit Compliance Manager, Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4246].

VENDOR certifies that, if it has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with any of the following: The Office of Federal Contract Compliance Programs or the State of Wisconsin, or the Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4246].

If a current plan has been filed., indicate where filed _____ and the year covered.

VENDOR will also require its lower-tier subcontractors who have 50 or more employees to establish similar written affirmative action plans.

Employees

VENDOR certifies that it has (No. of Employees) ___employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha, Ozaukee and Washington, Wisconsin) and (No. of Employees) _____employees in total.

Compliance

VENDOR certifies that it is not currently in receipt of any outstanding letters of deficiencies, show cause, probable cause, or other notification of noncompliance with EEO regulations.

Executed this ____ day of _____, 20____ by: Firm Name _____

By: _____ Address _____
(Signature)

(Title) _____ City/State/Zip _____

YEAR 2005 EQUAL OPPORTUNITY POLICY

_____ is in compliance with the equal opportunity policy and standards of the Wisconsin Department of Health and Family Services and all applicable Federal and State rules and regulations regarding nondiscrimination in employment and service delivery.

EMPLOYMENT - AFFIRMATIVE ACTION & CIVIL RIGHTS

It is the official policy of _____ that no otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with Affirmative Action and Civil Rights standards to ensure that applicants are employed and that employees are treated during their employment without regard to the above named characteristics. Such action shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training including apprenticeship.

_____ has a written Affirmative Action Plan which includes a process by which discrimination complaints may be heard and resolved.

SERVICE DELIVERY - CIVIL RIGHTS

It is the official policy of _____ that no otherwise qualified applicant for services or service recipient shall be excluded from participation, be denied benefits or otherwise be subjected to discrimination in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with civil rights laws to ensure equal opportunity for access to service delivery and treatment without regard to the above named characteristics.

_____ has a written Civil Rights Action Plan which includes a process by which discrimination complaints may be heard and resolved.

All officials and employees of _____ are informed of this statement of policy. Decisions regarding employment and service delivery shall be made to further the principles of affirmative action and civil rights.

To ensure compliance with all applicable Federal and State rules and regulations regarding Equal Opportunity and nondiscrimination in employment and service delivery _____

_____ has been designated as our Equal Opportunity Coordinator. Any perceived discrimination issues regarding employment or service delivery should be discussed with

Ms./Mr. _____, Ms./Mr. _____ may be reached during week days at _____

A copy of the Affirmative Action Plan and/or the Civil Rights Action Plan including the process by which discrimination complaints may be heard and resolved is available upon request.

(Director or Chief Officer)

(Title)

(Date)

This Policy Statement must be posted in a conspicuous location.

MILWAUKEE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Certification Regarding Debarment and Suspension

Please sign the certification statement below that your agency and its principals are not debarred, suspended or otherwise excluded from or ineligible for participation in Federal assistance programs or activities. **Please include the signed and dated statement with the initial submission of your proposal.**

CERTIFICATION STATEMENT
DEBARMENT AND SUSPENSION

The contractor certifies to the best of its knowledge and belief, that it and its principals: (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (3) are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (2) of this certification; and, (4) have not within a three-year period preceding this contract had one or more public transactions public (Federal, State or local) terminated for cause or default.

Authorized Signature and Title

Date

Name of Agency

**MILWAUKEE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
(DHHS)**

**Certification Statement - Resolution Regarding Background Checks on
Employees of DHHS Contract Agencies and Agencies/Organizations having
Reimbursable Agreements Providing Direct Services to Children and Youth**

CERTIFICATION STATEMENT
RESOLUTION REGARDING BACKGROUND CHECKS

This is to certify that _____
_____ has:
(Name of Agency/Organization)

- 1) received and read the enclosed, "PROVISIONS OF RESOLUTION REQUIRING BACKGROUND CHECKS ON DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTRACT AGENCY EMPLOYEES PROVIDING DIRECT CARE AND SERVICES TO MILWAUKEE COUNTY CHILDREN AND YOUTH;"
- 2) has a written screening process in place to ensure background checks on criminal and gang activity for current and prospective employees providing direct care and services to children and youth; and,
- 3) is in compliance with the provisions of the Resolution requiring background checks.

(Authorized Signature of Person Completing Form)

(Date)

(Title)

Contract Administration/nm Rev 5/00

YEAR 2005 INDIRECT COST ALLOCATION PLAN

1. Agency Name: _____
2. Disability/Target Group: _____
(Use Additional copies of this form as needed)

A	B	C	D	E	F
ACCOUNT NUMBER	Indirect Cost Account Description	Total Agency Indirect Costs	Program	Program	Program
7000	Salaries				
7100	Employee Health & Retirement Benefits				
7200	Payroll Taxes				
8000	Professional Fees				
8100	Supplies				
8200	Telephone				
8300	Postage & Shipping				
8400	Occupancy				
8500	Rental & Maintenance of Equipment				
8600	Printing & Publications				
8700	Employee Travel				
8800	Conferences, Conventions, Meetings				
8900	Specific Assistance to Individuals				
9000	Membership Dues				
9100	Awards & Grants				
9600	Allocations to Agencies				
	Interest				
	Bad Debt				
	Other Miscellaneous (Specify)				
TOTAL INDIRECT COSTS*					

* Totals for Total Agency Indirect Costs (Column C) and totals for each Program (Columns D,E,F,G,H) should be entered in Control Account Number 9200, Allocated Costs on Form 5 (Column C), and on Form 3 (Column C) respectively, if appropriate.

As part of program budgeting, agencies, which are contracted to provide more than one program, are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Date Submitted: _____

FORMS 2/2A and 2B INSTRUCTIONS

AGENCY EMPLOYEE TITLES, SALARY CODES, GENDER and ETHNIC/RACE CODES, and HOURS/WEEK - YEARLY SALARY

Use Form 2A only, if an agency has eight (8) or fewer employees. For agencies with more than eight (8) employees, use multiple copies of Form 2 with Form 2A as the final page.

Column 1 - Position Title

Enter the title of each position that has any portion of its time directly allocated to a Behavioral Health Division program.

Do not include information for Control Account Number 9200, Administrative Costs (Indirect Costs). If a position is vacant, list the title of the position and "vacant" under it.

Column 2 - Code

In column 2, check Form 3S, Control Account No. 7000 and use the same number as the last digit of the Sub-Account Number which corresponds to the Account Description of salaries.

For example: 1 for Executive Salaries; 2 for Professional Salaries; 3 for Clerical Staff; 4 for Technical Salaries and so forth. If an employee is included in more than one sub-account, use the primary sub-account number.

Column 3 - Ethnic/Race and Gender Codes

In column 3 enter the code representing the race or ethnicity of the employee.

Ethnic/Race Codes:

A: Asian or Pacific Islander
B: Black
H: Hispanic
I: American Indian
W: White

Gender Codes:

F: Female
M: Male

These classifications are uniform throughout the State Department of Health and Family Services and have been negotiated between the DHHS Affirmative Action/Civil Rights Compliance Office and the various Federal Offices of Civil Rights.

Definitions are:

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asian, the Indian subcontinent, or the Pacific Islands. This includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

FORMS 2/2A and 2B INSTRUCTIONS (CONTINUED)

AGENCY EMPLOYEE TITLES, SALARY CODES, GENDER and ETHNIC/RACE CODES, and HOURS/WEEK - YEARLY SALARY

Black: All persons having origins in any of the Black racial groups of Africa.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain, or other European countries.)

American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal association or community recognition.

White: All persons who are not Asian or Pacific Islander, Black, Hispanic, or American Indian or Alaskan Native.

Enter the letter "h" next to the ethnic code for any handicapped employee.

A "handicapped individual" is defined pursuant to section 504 of the Rehabilitation Act of 1973 as any persons who:

1. Has a physical or mental impairment that substantially limits one or more major life activities (e.g. caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working);
2. Has a record of such impairment, or;
3. Is regarded as having such an impairment.

Column 4 – 6 Hourly Wage, Hours Per Week, Annual Salary

For each position, list the hourly wage, the total hours worked per week, and the yearly salary at the agency level.

Columns 7 through 10

The cost of positions that provide services in more than one program area must be allocated across each program area that the Behavioral Health Division funds. If the cost of the position is distributed to any non-BHD-funded programs, the total cost may be listed in a single column with the program designated as "Other." If the space is not sufficient for the MHD-funded programs, use additional pages.

For each position, list the hourly wage and the yearly salary.

After all salaries are listed on Forms 2 and 2A, subtotal each column on Form 2/2A and calculate the percentage of fringe benefits and add to the subtotal. The column subtotals are carried forward to Form 3, 7000 salaries and 7100 Employee Health and Retirement Benefits, and Form 3S by Sub-Account, using Column 2 to determine the Sub-Account breakdown. If you have more programs than will fit on a page, use a separate sheet for each disability/target group.

FORM 2 - 2005 AGENCY EMPLOYEE HOURS AND SALARIES

Item #18

AGENCY NAME: _____

				5		6		7		8		9	
				PROGRAM		PROGRAM		PROGRAM		PROGRAM		PROGRAM	
				DISABILITY POPULATION		DISABILITY POPULATION		DISABILITY POPULATION		DISABILITY POPULATION		DISABILITY POPULATION	
1	2	3		4									
Position Title	Code	Sex	Ethnic Group	Total Hrs/Wk.	Yearly Salary	Hours/Week	Yearly Salary	Hours/Week	Yearly Salary	Hours/Week	Yearly Salary	Hours/Week	Yearly Salary
				Hrs		Hrs		Hrs		Hrs		Hrs	
				\$		\$		\$		\$		\$	
				Hrs		Hrs		Hrs		Hrs		Hrs	
				\$		\$		\$		\$		\$	
				Hrs		Hrs		Hrs		Hrs		Hrs	
				\$		\$		\$		\$		\$	
				Hrs		Hrs		Hrs		Hrs		Hrs	
				\$		\$		\$		\$		\$	
				Hrs		Hrs		Hrs		Hrs		Hrs	
				\$		\$		\$		\$		\$	
				Hrs		Hrs		Hrs		Hrs		Hrs	
				\$		\$		\$		\$		\$	
				Hrs		Hrs		Hrs		Hrs		Hrs	
				\$		\$		\$		\$		\$	
				Hrs		Hrs		Hrs		Hrs		Hrs	
				\$		\$		\$		\$		\$	
SUBTOTAL OF SALARIES				\$		\$		\$		\$		\$	

Submitted: _____

Date Submitted: _____

Item # 18

						5		6		7		8		9	
						PROGRAM		PROGRAM		PROGRAM		PROGRAM		PROGRAM	
						DISABILITY POPULATION		DISABILITY POPULATION		DISABILITY POPULATION		DISABILITY POPULATION		DISABILITY POPULATION	
1	2	3		4											
Position Title	Code	Sex	Ethnic Group		Total Hrs/Wk. Yearly Salary		Hours/Week Yearly Salary		Hours/Week Yearly Salary		Hours/Week Yearly Salary		Hours/Week Yearly Salary		Hours/Week Yearly Salary
				Hrs		Hrs		Hrs		Hrs		Hrs		Hrs	
				\$		\$		\$		\$		\$		\$	
				Hrs		Hrs		Hrs		Hrs		Hrs		Hrs	
				\$		\$		\$		\$		\$		\$	
				Hrs		Hrs		Hrs		Hrs		Hrs		Hrs	
				\$		\$		\$		\$		\$		\$	
				Hrs		Hrs		Hrs		Hrs		Hrs		Hrs	
				\$		\$		\$		\$		\$		\$	
				Hrs		Hrs		Hrs		Hrs		Hrs		Hrs	
				\$		\$		\$		\$		\$		\$	
				Hrs		Hrs		Hrs		Hrs		Hrs		Hrs	
				\$		\$		\$		\$		\$		\$	
				Hrs		Hrs		Hrs		Hrs		Hrs		Hrs	
				\$		\$		\$		\$		\$		\$	
				Hrs		Hrs		Hrs		Hrs		Hrs		Hrs	
				\$		\$		\$		\$		\$		\$	
SUBTOTAL OF SALARIES				Hrs		Hrs		Hrs		Hrs		Hrs		Hrs	
Control Account No. 7000				\$		\$		\$		\$		\$		\$	
Employee Health & Retirement Benefits *				Hrs		Hrs		Hrs		Hrs		Hrs		Hrs	
Control Account No. 7100				\$		\$		\$		\$		\$		\$	
TOTAL															
Control Account Numbers 7000 & 7100				\$		\$		\$		\$		\$		\$	

Do Not Include Control Account Number 7200 Payroll Taxes

FORM 2B INSTRUCTIONS

EMPLOYEE DEMOGRAPHICS SUMMARY

Complete for each program as listed in Columns 7-10 of Form 2. For each program, summarize by position code, as listed in Column 2 of Form 2, the number of full-time equivalent employees in every demographic code combination listed in Column 3, Form 2.

Note: The number of full-time equivalent employees is calculated by adding the number of hours per week worked by every employee in each demographic code combination and dividing that total by 40 (unless full-time work week is defined by something other than 40 hours/week; if so, specify at the bottom of Form 2B and divide by that number when calculating FTE's).

FORM 2B - EXAMPLES

Two Code 2 positions (Social Workers), who are Black ("B", Col. 3, Form 2) work a total of 60 hours per week in the Community Support Program (Col. 7, Form 2.) To find the FTE, divide the total number of hours worked per week in the Community Support Program by 40, the number of hours a FTE is required to work, i.e., $60/40=1.50$ FTE.

One Code 2 position (Social Worker), who is White ("W", Col. 3, Form 2) works a total of 10 hours per week in the Community Support Program (Col. 7, Form 2.) To find the FTE, divide the total number of hours worked per week in the Community Support Program by 40, the number of hours a FTE is required to work, i.e., $10/40=.25$.

One Code 3 position (Clerical), who is White ("W", Col. 3, Form 2) works a total of 20 hours per week in the Community Support Program (Col. 7, Form 2.) To find the FTE, divide the total number of hours worked per week in the Community Support Program by 40, the number of hours a FTE is required to work, i.e., $20/40=.50$.

One Code 5 position (Maintenance), who is White ("W", Col. 3, Form 2) works a total of 20 hours per week in the Community Support Program (Col. 7, Form 2.) To find the FTE, divide the total number of hours worked per week in the Community Support Program by 40, the number of hours a FTE is required to work, i.e., $20/40=.50$.

FORM 2B - YEAR 2005 EMPLOYEE DEMOGRAPHICS SUMMARY

AGENCY: _____

Calculation to determine the number of full-time equivalents (FTE's) assigned to provide the service:

1. Determine the number of hours a full-time employee is required to work per week. This number, usually 40, becomes the denominator.*
2. For each program, Form 2/2A, Columns 5-9, summarize by position code, Form 2/2A, Column 2, and Employee Demographic Code, Form 2/2A, Column 3, the total number of hours worked by position code and employee demographic code. This number becomes the numerator.
3. Divide the total number of hours worked per position code and employee demographic code by the number of hours a full-time employee is required to work to arrive at the number of FTE's (by position code and employee demographic code) working in a program.

Disability/ Target Group	Program	Position Code # (Col.2.,Form 2) Code	Employee Demographics	No. of FTE's

*If full-time equivalents (FTE's) are not based on 40 hours per week, specify:

_____ hours/week

Date Submitted: _____

2005 EMPLOYEE HOURS - RELATED ORGANIZATION DISCLOSURE

For each employee of your agency who works for more than one related organization which may or may not be under contract to Milwaukee County, the total number of weekly hours scheduled for each affiliated corporate or business enterprise must be accounted for by program/activity. If no employee is so utilized, indicate the non-applicability of this requirement on this form.

The format for reporting employee hours is to be shown in the following example:

Employee Name	Employer	Program/Activity	Total Weekly Hours
Henry Jones	1. ABC Corp. (Parent)	Counseling	8
	2. M&M Assoc. (Subsidiary)	a. Transportation	2
		b. Training	6
	3. XYZ Corp. (Affiliate)	a. Food Service	2
		b. Pharmaceuticals	6
	4. Milwaukee Clinic (Indep.)	a. Consulting	8
		b. Workshop	4
		c. Day Care	4
	Total		40

Employee Name	Employer	Program/Activity	Total Weekly Hours
---------------	----------	------------------	--------------------------

Agency:

Date Submitted:

FORM 5 YEAR 2005 TOTAL AGENCY ANTICIPATED EXPENSES

AGENCY NAME: _____

	(A)	(B)	(C)
Control Acct. No.	Expenditure Description	2004 Gross Budget	2005 Gross Budget
7000	Salaries		
7100	Employee Health & Retirement Benefits		
7200	Payroll Taxes		
8000	Professional Fees		
8100	Supplies		
8200	Telephone		
8300	Postage and Shipping		
8400	Occupancy		
8500	Rental, Maintenance & Depreciation of Equipment		
8600	Printing and Publications		
8700	Travel		
8800	Conferences, Conventions, Meetings		
8900	Specific Assistance to Individuals		
9000	Membership Dues		
9100	Awards and Grants		
9200	Allocated Costs (From Indirect Cost Allocation Plan, if applicable)		
9300	Client Transportation		
9400	Miscellaneous		
9500	Depreciation or Amortization		
9600	Allocations to Agencies, Payments to affiliated Organizations		
TOTAL EXPENSES			
PROFIT FACTOR			
TOTAL EXPENSES INCLUDING PROFIT			
TOTAL NON-DHHS CONTRACT REV BROUGHT FWD			
TOTAL DHHS REQUEST			

Rev 5/02

Date Submitted: _____

FORM 5A YEAR 2005 TOTAL AGENCY ANTICIPATED REVENUE

AGENCY NAME: _____

	(A)	(B)	(C)
Control Acct. No.	Revenue	2004 Revenue Budget	2005 Revenue Budget
4000	Contributions and Donations		
4100	Contributions to Building Fund		
4200	Special Events		
4300	Legacies and Bequests		
4500	Collected through Local Member Units		
4600	Contributed by Associated Organizations		
4700	Allocated by Federated Fund Raising Organizations		
4800	Allocated by Unassociated and Non-Federated Fund Raising Organizations		
5100	Other Government Purchase of Service (DO NOT INCLUDE ANY REQUESTS FROM DHHS)		
5200	Grants from Other Governmental Agencies (DO NOT INCLUDE ANY REQUESTS FROM DHHS)		
5300	Revenues from HMO and PPO		
6000	Membership Dues		
6100	Assessments and Dues-Local Member Units		
6200	Program Service Fees-Other		
6300	Intra-Agency Sales of Supplies and Services		
6400	Revenues from Disposal of Assets		
6500	Investment Income		
6600	Gains (and Losses) on Investment Transactions		
6900	Miscellaneous Revenue		
TOTAL NON-DHHS CONTRACT REVENUE			
DHHS CONTRACT REQUEST			
TOTAL REVENUE			

Rev 5/02

Date Submitted: _____

2005 CLIENT CHARACTERISTICS CHART

Item # 26

Agency Name _____

Program Name _____

Facility Name & Address _____

1. Unduplicated Count of Clients Served in 2004:

2. Age Group:

	Number	Percent (%)
a. 0 – 2		
b. 3 – 11		
c. 12 – 17		
d. 18 – 20		
e. 21 – 35		
f. 36 – 60		
g. 61 & over		
TOTAL		

3. Sex:

	Number	Percent (%)
a. Female		
b. Male		
TOTAL		

4. Ethnicity *:

	Number	Percent (%)
a. Asian or Pacific Islander		
b. Black		
c. Hispanic		
d. American Indian or Alaskan Native		
e. White		
TOTAL		

5. Other:

	Number	Percent (%)
a. Handicapped individuals*		
b. Not applicable		
TOTAL		

*The definitions for “Ethnicity” and “Handicapped Individual” can be found on the next page.

Date Submitted: _____

CLIENT CHARACTERISTICS CHART DEFINITIONS

ETHNICITY DEFINITIONS

1. **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands and Samoa.
2. **Black:** All persons having origins in any of the Black racial groups in Africa.
3. **Hispanic:** All persons of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain and other European countries.)
4. **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and those persons who maintain cultural identification through tribal affiliation or community recognition.
5. **White:** All persons who are not Asian or Pacific Islander, Black, Hispanic, or American Indian or Alaskan Native.

HANDICAPPED DEFINITIONS

A handicapped individual is defined pursuant to Section 504 of the Rehabilitation Act of 1973.

1. Any person who has a physical or mental impairment which substantially limits one or more major life activities (e.g., caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working);
2. Any person who has a record of such impairment; or,
3. Any person who is regarded as having such an impairment.

FORMS 3 and 3S INSTRUCTIONS

Lines 1 - 5 Name of Agency, Disability/Target Group, **Program Name and Number**, Facility Name and Address

FORM 3 - ANTICIPATED PROGRAM EXPENSES

Column A - See detailed chart of accounts in this section of these guidelines for account definitions.

Column B - Fill in the 2005 Gross Budget by Control Account as adopted by the agency's Board of Directors or owners of the agency.

Column C - Enter the total 2005 projected annual cost by Control Account as approved by the agency's Board of Directors or owners of the agency.

FROM FORM 4, BRING FORWARD THE TOTAL NON-DHHS
CONTRACT REVENUE TO THE CORRESPONDING LINE
ON FORM 3.

FORM 3 S - ANTICIPATED PROGRAM EXPENSES SUPPLEMENTAL SHEET

A supplemental Form 3S is to be used for each Control Account used on Form 3. A supplemental Form 3S is to be used to substantiate the amounts listed in Columns B and C. List only those Sub-Accounts actually used in the Control Account.

On Form 3S, specify by number of each Sub-Account with the corresponding Account Description in Column A; list the 2004 Gross Budgeted amount for each Sub-Account in Column B and the projected 2005 amount in Column C.

SPECIAL INSTRUCTIONS FOR CONTROL ACCOUNT NUMBER 8000: PROFESSIONAL FEES

In addition to specifying on Form 3S, individual Sub-Account descriptions and budget amounts for each type of Professional Fee expense, include as an addendum to Form 3S, a copy of the actual memorandum of agreement between the agency and the person/agency providing a consultant-type service under the Professional Fee category. The memorandum of agreement should specify the name of the consultant, a description of the consultant functions, the projected number of consultation hours for the year and the hourly/monthly rate (whichever is appropriate.)

FORM 3 ANTICIPATED PROGRAM EXPENSES
Item #28

Agency Name _____

Disability/Target Gp _____

Program Name _____

2005 Prgm No.

Facility Name _____

Address _____

	(A)	(B)	(C)
Control Acct. No.	Expenditure Description	2004 Gross Budget	2005 Gross Budget
7000	Salaries		
7100	Employee Health & Retirement Benefits		
7200	Payroll Taxes		
8000	Professional Fees		
8100	Supplies		
8200	Telephone		
8300	Postage and Shipping		
8400	Occupancy		
8500	Rental, Maintenance & Depreciation of Equipment		
8600	Printing and Publications		
8700	Travel		
8800	Conferences, Conventions, Meetings		
8900	Specific Assistance to Individuals		
9000	Membership Dues		
9100	Awards and Grants		
9200	Allocated Costs (From Indirect Cost Allocation Plan, if appropriate)		
9300	Client Transportation		
9400	Miscellaneous		
9500	Depreciation or Amortization		
9600	Allocations to Agencies, Payments to Affiliated Organizations		
	TOTAL EXPENSES		
	PROFIT FACTOR		
	TOTAL EXPENSES INCLUDING PROFIT		
	TOT NON-DHHS CONTRACT REV. BROUGHT FWD		
	TOTAL DHHS REQUEST		

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Date Submitted: _____

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Item # 28

Agency Name _____
 Disability/Target Group _____
 Program _____

2005 Prgm No.

Facility Name and Address _____

		(A)	(B)	(C)
Control	Sub-		2004	2005
Acct. No.	Account	Account Description	Gross Budget	Gross Budget
	Number			
7000	7001	Executive Salaries		
	7002	Professional Salaries		
	7003	Clerical Staff Salaries		
	7004	Technical Salaries		
	7005	Maintenance Employee's Wages		
	7006	Temporary Clerical Help		
	7007	Student Stipends		
	7008	Other Staff Salaries (Unclassified)		

CONTROL ACCOUNT NO. 7000 SUB TOTAL*

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7100	7101	Accident Insurance Premiums		
	7102	Life Insurance Premiums		
	7103	Medical & Hospital Plan Premiums		
	7104	Pension or Retirement Plan Premiums		
	7105	Supp. Payments to Pensioned Employees		
	7106	Payments to Annuitants		
	7107	Employment Termination Expenses		
	7108	Employee Tuition Reimburse. Plan		

CONTROL ACCOUNT NO. 7100 SUB TOTAL*

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7200	7201	FICA Payments (Employer's Share)		
	7202	Unemployment Insurance		
	7203	Workmen's Compensation Insurance		
	7204	Disability Insurance Premiums		

CONTROL ACCOUNT NO. 7200 SUB TOTAL*

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8000**	8001	Medical & Dental Fees		
	8002	Psychological Fees		
	8003	Legal Fees		
	8004	Rehabilitation & Education Fees		

8005	Development & Public Relations Fees		
8006	Brokerage, Commission, Collection Fee		
8007	Employment Fees		
8008	Audit Fees		
8009	Electronic Data Processing Service Fee		
8010	Other Contract Payments to Consultants		
8011	Talent Fees		
8012	Other Purchased Services		

CONTROL ACCOUNT NO. 8000 SUB TOTAL*

--	--

*Must be the same dollar amount as shown on Form 3

**Attach a copy of the memorandum of agreement between the agency and the professional
When using Control Account No. 8000, Sub-Account Nos. 8001 through 8012.

FORM 3S
ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Item # 28

Agency Name			2005 Prgm No.	
	(A)	(B)	(C)	
Control	Sub-		2004	2005
Acct. No.	Account Number	Account Description	Gross Budget	Gross Budget
8100	8101	Medicine & Drugs (Clinic Use Only)		
	8102	Prosthetic Appliances (Clinic Use Only)		
	8103	Recreational, Voc. & Craft Supplies		
	8104	Food & Beverages		
	8105	Laundry, Linen, & Housekeeping Supplies.		
	8106	Office Supplies-Stationery, Typing		
	8107	Paper, Ink, Printing, Duplicating		
	8108	New Goods Purchased		
	8109	Raw Materials (Manufacturing) Purchased.		
	8110	Manufacturing Supplies		

CONTROL ACCOUNT NO. 8100 SUB TOTAL *

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8200	8201	Telephone Expense		
	8202	Telegraph Expense		

CONTROL ACCOUNT NO. 8200 SUB TOTAL *

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8300	8301	Postage and Parcel Post		
	8302	Freight		
	8303	Messenger & Delivery Service		

CONTROL ACCOUNT NO. 8300 SUB TOTAL *

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8400	8401	Office Rent		
	8402	Other Bldg. & Parking Lot Rent		
	8403	Bldg. & Bldg. Eq. Ins. (Gen. & Liability)		
	8404	Mortgage Interest		
	8405	Electricity		
	8406	Gas		
	8407	Heating Oil		
	8408	Water & Sewer		
	8409	Janitorial/Maintenance/Repairs Purchased		
	8410	Real Estate Taxes		
	8411	Personal Property Taxes		

	8412	Licenses & Permits-Occupancy Related		
	8413	Bldg. & Grounds Maintenance Supplies		
	8414	Miscellaneous Occupancy Costs		
	8415	Amortization/Leasehold Improvements		
	8416	Depreciation - Buildings		

CONTROL ACCOUNT NO. 8400 SUB TOTAL *

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8500	8501	Equipment rental expenses		
	8502	Equipment Maintenance expenses		
	8503	Equipment - Depreciation		
	8504	Equipment - Interest Expense		

CONTROL ACCOUNT NO. 8500 SUB TOTAL *

--	--

FORM 3S
ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Item # 28

Agency Name			2005 Prgm No.	
	(A)	(B)	(C)	
Control	Sub-		2004	2005
Acct. No.	Account Number	Account Description	Gross Budget	Gross Budget
8600	8601	Printing		
	8602	Artwork		
	8603	Photography		
	8604	Recording		
	8605	Films		
	8606	Subscriptions- Periodicals/Publication		
	8607	Purchase of Publications		
	8608	Media Use Charges-Public Information		

CONTROL ACCOUNT NO. 8600 SUB TOTAL *

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8700	8701	Local Bus & Taxicab Fares		
	8702	Gas & Oil - Company Vehicles		
	8703	Repairs - Company Vehicles		
	8704	Insurance - Company Vehicles		
	8705	Licenses & Permits-Company Vehicles		
	8706	Leasing Costs - Company Vehicles		
	8707	Auto Allowance(Employees/Volunteers)		
	8708	Tires - Company Vehicles		
	8709	Hotel, Meals, & Incidental Expenses		
	8710	Depreciation - Automotive Equipment		

CONTROL ACCOUNT NO. 8700 SUB TOTAL *

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8800	8801	Meeting Space & Equipment Rental		
	8802	Meeting Supplies (Notices,Badges,etc.)		
	8803	Food & Beverages Costs(Mtg. Particip.)		
	8804	Speaker's Honoraria & Expenses		
	8805	Registration Fees		

CONTROL ACCOUNT NO. 8800 SUB TOTAL *

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8900	8901	Medical Fees		
	8902	Dental Fees		
	8903	Medicines		
	8904	Children's Board		
	8905	Homemaker Service		
	8906	Food Service		
	8907	Shelter Service		
	8908	Clothing Service		
	8910	Recreation Service		
	8911	Wage Supplements		
	8912	Prosthetic Appliances		
	8913	Hospital Fees		
	8914	Testing Fees		
	8915	Materials - Crafts, Vocation, etc.		

CONTROL ACCOUNT NO. 8900 SUB TOTAL *

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FORM 3S
ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Item # 28

Agency Name		2005 Prgm No.		
		(A)	(B)	(C)
Control	Sub-Account		2004	2005
Acct. No.	Number	Account Description	Gross Budget	Gross Budget
9000	9001	Individual Dues		
	9002	Organizational Dues		

CONTROL ACCOUNT NO 9000 SUB TOTAL *

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9100	9101	Grants to Research Institutions		
	9102	Graduate Fellowships		
	9103	Trainee Scholarships		
	9104	Other Scholarships/Tuition Payments		
	9105	Allowance for Travel Under Grant		
	9106	Allowance for Equipment Under Grant		
	9107	Lump Sum Camperships		
	9108	Contribution/Grants to Hum. Serv. Org		
	9109-50	Awards & Grants to Indiv./Other Org.		
	9151-99	Awards & Grants to Affiliate Organizations		

CONTROL ACCOUNT NO. 9100 SUB TOTAL *

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9200	9201	Administrative Costs (Indirect Costs)		
	9202	Transportation		

CONTROL ACCOUNT NO. 9200 SUB TOTAL *

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9300	9301	Local Bus & Taxicab Fares		
	9302	Gas & Oil - Company Vehicles		
	9303	Repairs - Company Vehicles		
	9304	Insurance - Company Vehicles		
	9305	Licenses & Permits-Company Vehicles		
	9306	Leasing Costs - Company Vehicles		
	9307	Tires - Company Vehicles		
	9308	Depreciation - Auto Equipment		

CONTROL ACCOUNT NO. 9300 SUB TOTAL *

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9400	9401	Employee Malpractice Insurance		
	9402	Employee Bonding Insurance		
	9403	Other		

CONTROL ACCOUNT NO. 9400 SUB TOTAL *

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9500	9501-9504	Depreciation or Amortization		
See Accounts Related to the Statement of Expenses in the GUIDELINES.				

9600	9601-9690	Allocations to Agencies,		
	9691	Payments to Affiliated Organizations		

CONTROL ACCOUNT NO. 9600 SUB TOTAL *

--	--

GRAND TOTAL***

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***Must be the same dollar amount as shown on Form 3, on the line titled "TOTAL EXPENSES"

Rev. 4/04

Date Submitted:

FORMS 4 and 4S INSTRUCTIONS

Lines 1 - 5 Name of Agency, Disability/Target Group, **Program Name and Number**, Facility Name and Address

FORM 4 - ANTICIPATED PROGRAM REVENUE

Column A - See detailed chart of accounts in the back of this section for account definitions.

Column B - Fill in the 2004 Gross Budgeted Revenues by Control Account. Total the Budgeted Revenue on the line provided. Total Revenue should equal Total Expenses including profit on Form 3.

Column C - Fill in the anticipated 2005 Revenues by Control Account as in Column A. The rest of the procedure for Column C is identical to that for Column B.

FORM 4 S - ANTICIPATED PROGRAM REVENUE SUPPLEMENTAL SHEET

For each Control Account used on Form 4, use a supplemental Form 4S, to substantiate the amounts in Columns B and C. List only those Sub-Accounts actually used in the compilation of the Control Account. On Form 4S, specify by number each Sub-Account with the corresponding Account Description in Column A, list the 2004 Gross Budgeted Revenue for each Sub-Account in Column B, and the projected revenue amount for 2005 in Column C.

FORM 4
2005 ANTICIPATED PROGRAM REVENUE

Item # 29

Agency Name _____

Disability/Target Gp _____

Program _____

2005 Prgm No. _____

Facility Name & _____

Address _____

	(A)	(B)	(C)
Control Acct. No.	Revenue	2004 Revenue Budget	2005 Revenue Budget
4000	Contributions and Donations		
4100	Contributions to Building Fund		
4200	Special Events		
4300	Legacies and Bequests		
4500	Collected through Local Member Units		
4600	Contributed by Associated Organizations		
4700	Allocated by Federated Fund Raising Organizations		
4800	Allocated by Unassociated and Non-Federated Fund Raising Organizations		
5100	Other Government Purchase of Service (DO NOT INCLUDE ANY REQUESTS FROM DHHS)		
5200	(DO NOT INCLUDE ANY REQUESTS FROM DHHS)		
5300	Revenues From HMO and PPO		
6000	Membership Dues		
6100	Assessments and Dues-Local Member Units		
6200	Program Service Fees – Other		
6300	Intra-Agency Sales of Supplies and Services		
6400	Revenues from Disposal of Assets		
6500	Investment Income		
6600	Gains (and Losses) on Investment Transactions		
6900	Miscellaneous Revenue		
	TOTAL NON-DHHS CONTRACT REVENUE		
	DHHS CONTRACT REQUEST		
	TOTAL REVENUE		

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Date Submitted:

FORM 4S
ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET

Item #29

Agency Name _____
 Disability/Target Group _____
 Program _____ 2005 Prgm No.
 Facility Name and Address _____

		(A)	(B)	(C)
Control	Sub-		2004	2005
Acct. No.	Account Number	Account Description	Revenue Budget	Revenue Budget
4000	4001	In-Kind Materials		
	4002	In-Kind Services		
	4003	Unrestricted Cash		
	4004	Restricted Cash		
	4005	Other		

CONTROL ACCOUNT NO. 4000 SUB TOTAL*

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4100		Contributions to Building Fund		
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CONTROL ACCOUNT NO. 4100 SUB TOTAL*

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4200		Special Events		
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CONTROL ACCOUNT NO. 4200 SUB TOTAL*

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4300	4301	Endowments		
	4302	Trusts		
	4303	Other		

CONTROL ACCOUNT NO. 4300 SUB TOTAL*

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4500		Collected Through Local Member Units		
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CONTROL ACCOUNT NO. 4500 SUB TOTAL*

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4600		Contributed by Associated Organizations		
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CONTROL ACCOUNT NO. 4600 SUB TOTAL*

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4700		Allocated by Federated Fund Raising Org.		
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	4701	United Way		
	4702	Other		

CONTROL ACCOUNT NO. 4700 SUB TOTAL *

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4800		Allocated by Unassociated and Non-Federated Fund Raising Org.		
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CONTROL ACCOUNT NO. 4800 SUB TOTAL*

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***Must be the same dollar amount as shown on Form 4.**

FORM 4S
ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET

Item #29

Agency
Name

2005 Prgm No.

		(A)	(B)	(C)
Control	Sub-		2004	2005
Acct. No.	Account	Account Description	Revenue Budget	Revenue
	Number			Budget
5100	5101	Title XX-Milwaukee County (Do not include any DHHS Requests)		
	5102	Title XX-Other Counties		
	5103	Title IVA (W-2 Unemployment Actual)- Milwaukee County		
	5104	Title IVA (W-2 Unemployment Actual)- Other Counties		
	5105	Title IVA (WEOP) - Milwaukee County		
	5106	Title IVA (WEOP) - Other Counties		
	5107	51.42/.437 - Milwaukee County		
	5108	51.42/.437 - Other Counties		
	5109	Title I - Milwaukee County		
	5110	Title I - Other Counties		
	5111	Title III - Milwaukee County		
	5112	Title III - Other Counties		
	5113	USDA Food Stamps		
	5114	Title XVIII - Medicare		
	5115	Title XIX - Medicaid		
	5116	Social Security and SSI		
	5117	CIP Revenue from Milwaukee County		
	5118	CIP Revenue from Other Counties		
	5119	COP Revenue from Milwaukee County		
	5120	COP Revenue from Other Counties		
	5121	Voucher Revenue		
	5122	Other		

CONTROL ACCOUNT NO. 5100 SUB TOTAL *

5200	5201	Direct Federal Grants		
	5202	Direct State Grants		
	5203	Direct County Grants		
	5204	Direct City and Municipal Grants		
	5206	Title III Grants		
	5210	Other Grants from Governmental Agencies		

CONTROL ACCOUNT NO. 5200 SUB TOTAL*

5300	5301	Revenue from Title XIX-W-2 Clients		
	5302	Revenue from Non-Title XIX Clients		

CONTROL ACCOUNT NO. 5300 SUB TOTAL*

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6000		Membership Dues - Individuals		
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CONTROL ACCOUNT NO. 6000 SUB TOTAL*

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6100		Assessments & Dues-Local Member Units		
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CONTROL ACCOUNT NO. 6100 SUB TOTAL*

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***Must be the same dollar amount as shown on Form 4.**

FORM 4S
ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET

Item #29

Agency Name		2005 Prgm No.		
		(A)	(B)	(C)
Control	Sub-	Account Description	2004	2005
Acct. No.	Account Number		Revenue Budget	Revenue Budget
6200	6201	Income from Private Pay Clients		
	6202	Income from Title IVA (W-2 Employed ----- Actual) Clients		
	6203	Income from Title XX Clients (Direct Pay Portion Only)		
	6204	Income from 51.42/.437 Clients (Direct Pay Portion Only)		
	6205	Income from Client Pick-up and Delivery Charges		
	6206	Income from Client Insurance Carriers (Other then Medicare - Title XVIII)		
	6207	Other Third Party Non- Governmental Income		

**CONTROL ACCOUNT NO. 6200 SUB
TOTAL***

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6300		Intra-Agency Sales of Supplies & Service		
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**CONTROL ACCOUNT NO. 6300 SUB
TOTAL ***

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6400	6401	Sale of Production		
	6402	Sale of Property & Other Assets		
	6403	Sale of Staff Services		

**CONTROL ACCOUNT NO. 6400 SUB
TOTAL***

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6500	6501	Interest		
	6502	Dividends		
	6503	Other		

**CONTROL ACCOUNT NO. 6500 SUB
TOTAL***

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6600		Gains (and Losses) on Investment Trans.		
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**CONTROL ACCOUNT NO. 6600 SUB
TOTAL ***

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6900		Miscellaneous Revenue		
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**CONTROL ACCOUNT NO. 6900 SUB
TOTAL***

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GRAND TOTAL**

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***Must be the same dollar amount as shown on Form 4.**

****Must be the same dollar amount as shown on Form 4, on the line titled "TOTAL REVENUE"**

Rev. 4/04

Date Submitted:

PART IV:

GOVERNING

RULES

GOVERNING RULES

(This section contains Milwaukee County's Governing Rules for ALL service agreements .)

1. Denial of Services

No eligible client or patient shall be unlawfully denied services or subjected to discrimination because of age, race, religion, color, national origin, sex, sexual orientation, location, handicap, physical condition, or developmental disability as defined in S. 51.01(5) Wis. Stats.

2. Service Standards For Substance Abuse and Mental Health Services

A HFS 75 Community Substance Abuse Service Standards

The Wisconsin State Department of Health and Family Service's (HFS) current rules for certification of community alcohol and drug abuse prevention and treatment programs were revised and placed in a new ch. HFS 75, which is specifically for community substance abuse services. The update incorporates current treatment concepts, eliminates rule parts which are no longer relevant for treatment providers, requires use of uniform placement criteria, and expands standards for treatment of addiction with methadone or another U.S. Food and Drug Administration (FDA) approved narcotic.

The revised rules incorporate Wisconsin's new Uniform Placement Criteria (WI-UPC), but permit use, alternatively, of patient placement criteria developed by the American Society of Addiction Medicine (ASAM) or any similar patient placement criteria that the Department may approve. These criteria provide a uniform way of determining an initial recommendation for initial placement, continued stay, level of care transfer and discharge of a substance abuse patient.

Each service that receives funds under Ch. 51, Stats., is approved by the State Methadone Authority, is funded through the Department's Bureau Of Substance Abuse Services, or receives other substance abuse prevention and treatment funding or other funding specifically designated to be used for providing services described under ss. HFS 75.04 to 75.15, shall be certified by the Department under this chapter.

B HFS 63 Community Support Programs for Chronically Mentally Ill Persons

The programs are for the chronically mentally ill persons living in the community. The purpose of a community support program is to provide effective and easily accessible treatment, rehabilitation and support services in the community where persons with chronic mental illness live and work.

This chapter applies to any county establishing a community support program under s. 51.421, Stats., which wishes to receive reimbursement under the Wisconsin medical assistance program for community support program services, if medical assistance reimbursement is available for those services.

C HFS 105 Provider Certification

This chapter identifies the terms and conditions under which providers of health care services are certified for participation in the medical assistance program.

3. HFS 1 Uniform Fee

Standardizes on a statewide basis the determination of liability and ability to pay and otherwise regulate billing and collection activities for care and services provided or purchased by the department, a county department of social services or a county department established under s. 46.23, 51.42 or 51.437, Stats.

4. HFS 12 Caregiver Background Checks

Chapter HFS 12 directs the service to perform background information checks on applicants for employment and persons with whom the service contracts and who have direct, regular contact with patients and, periodically, on existing employees, and not hire or retain persons who because of specified past actions are prohibited from working with patients.

5. HFS 13 Reporting and Investigation Of Caregiver Misconduct

Chapter HFS 13 directs the service to report to the department all allegations that come to the attention of the service that a staff member or contracted employee has misappropriated property of a patient or has abused or neglected a patient

6. HFS 62 Assessment Of Drivers With Alcohol Or Controlled Substance Problems

This chapter establishes standards for the way assessments are done and driver safety plans are developed for and completed by motor vehicle drivers who are ordered by courts or the state department of transportation to be examined for their use of alcohol or controlled substances, to have an individualized driver safety plan developed based on that examination, and to carry out the driver safety plan. Conflict of interest guidelines for facilities which do assessment and driver safety planning are included in this chapter.

7. HFS 92 Confidentiality Of Treatment Records

This chapter applies to all records of persons who are receiving treatment or who at any time received treatment for mental illness, developmental disabilities, alcohol abuse or drug abuse from the department, a board established under s. 46.23, 51.42 or 51.437, Stats., or treatment facilities and persons providing services under contract with the department, a board or a treatment facility whether the services are provided through a board or not. Private practitioners practicing individually who are not providing services to boards are not deemed to be treatment facilities and their records are not governed by this chapter.

8. HFS 94 Patient Rights And Resolution Of Patient Grievances

This chapter is to implement the rights of patients receiving treatment for mental illness, a developmental disability, alcohol abuse or dependency or other drug abuse or dependency.

9. HFS 83 Community Based Residential Facilities

Homes and facilities providing residential care, supervision, treatment and services to 5 or more adults are required to be licensed as community-based residential facilities (CBRF). No CBRF may operate without being licensed each year by the Department of Health and Family Services.

10. Living Wage Resolution

The Milwaukee County Board adopted the Living Wage Resolution in April 1997. The Resolution states that a minimum wage of \$7.73 or higher per hour is a required rate of pay to all full-time skilled and unskilled workers employed in any work performed as part of a DHHS Purchase of Service Contract.

11. Prompt Payment Law

Section 66.0135, Wisconsin Statutes, Prompt Payment Law, does not apply to payment for services provided through the AODA Bureau Voucher System.

12. Cultural Diversity and Cultural Competence

The Department of Health and Human Services (DHHS) is committed to the goal of cultural diversity and cultural competence in the workplace. Consistent with Federal and State Civil Rights Compliance laws and the State Department of Health and Family Services (DHFS) policies and regulations, DHHS considers the composition of ethnic/racial and gender makeup a high priority as it relates to board membership and staff positions of agencies and organizations receiving contract awards for the provision of human services.

Board members and staff must be able to serve a culturally diverse population in a manner that reflects culturally competent decision making and service delivery.

Definitions

Cultural Diversity - The presence of individuals and groups from different cultures. Cultural diversity in the workplace refers to the degree to which an organization, agency or other group is comprised of people from a variety of differing backgrounds related to behaviors, attitudes, practices, beliefs, values, and racial and ethnic identity.

Cultural Competence - A set of congruent behaviors, attitudes, practices and policies that are formed within a system, within an agency, and among professionals that enable the system, agency and professionals to work respectfully, effectively and responsibly in diverse situations. Essential elements of cultural competence include valuing diversity, understanding the dynamics of difference, institutionalizing cultural knowledge, and adapting to and encouraging organizational diversity.

It is the intent of the BHD to give strong consideration to employment diversity in the application review process. Thus, information submitted on the form 2, 2A and 2B, will be given careful review in the process of making decisions for contract awards.

13. Indemnity/Insurance

The Applicant agrees to the fullest extent permitted by law, to indemnify, defend and hold harmless, the Milwaukee County and its agents, officers and employees, from and against all loss or expense including costs and attorney's fees by reason of liability for damages including suits at law or in equity, caused by any wrongful, intentional, or negligent act or omission of the Contractor, or its (their) agents which may arise out of or are connected with the activities covered by this agreement.

The Applicant shall indemnify and save Milwaukee County harmless from any award of damages and costs against Milwaukee County for any action based on U.S. patent or copyright infringement

regarding computer programs involved in the performance of the tasks and services covered by this Agreement.

Provider agrees not to unlawfully discriminate against any employee or applicant for employment because of age, race, religion, color, national origin, sex, sexual orientation, handicap, physical condition, or developmental disability as defined in s. 51.01(5) Wisconsin Statutes.

Direct Service Provider agrees to comply with the provisions of section 56.17 County General Ordinances which is attached hereto by reference and incorporated herein as though fully set forth herein. (Referenced section of County General Ordinances is available at <http://www.milwaukeecounty.org>.)

14. Provision For Data And Information Systems Compliance

Applicant shall either utilize computer applications that comply with County standards in maintaining program data related to the Agreement, or bear full responsibility for the cost of converting program data into formats useable by County applications.

15. Insurance Coverage

Contractor agrees to evidence and maintain proof of financial responsibility to cover costs as may arise from claims of tort, statutes and benefits under Workers' Compensation laws and/or vicarious liability arising from employees. Such evidence shall include insurance coverage for Worker's Compensation claims as required by the State of Wisconsin, including Employer's Liability and insurance covering General and Automobile Liability coverages in the following minimum amounts.

Type of Coverage

Type Coverage	Minimum Limits
Wisconsin Worker's Compensation or Proof of all States Coverage	Statutory
Employers' Liability United States Longshoreman and Harbor Workers Compensation Act Coverage	\$100,000, \$500,000,\$100,000 If required by law
Commercial General Liability Bodily Injury & Property Damage (Ind. Personal Injury, Fire, Legal Contractual & Products/Completed Operations)	\$1,000,000 Per Occurrence \$1,000,000 General Aggregate
Automobile Liability Bodily Injury & Property Damage All Autos - Owned, Non-Owned and/or Hired Uninsured Motorists	\$1,000,000 Per Accident Per Wisconsin Requirements

Milwaukee County, as its Interests may appear, shall be named as an additional insured for general, automobile, garage keepers legal and environmental impairment liability, and be afforded a thirty-day (30) written notice cancellation or non-renewal. Disclosure must be made of any nonstandard or restrictive additional insured endorsement, and any use of non- standard or restrictive additional insured endorsement will not be acceptable. A certificate indicating the above coverages shall be submitted for review and approval by county for the duration of this agreement.

Coverages shall be placed with an insurance company approved by the State of Wisconsin and rated "A" per Best's Key Rating Guide. Additional information as to policy form, retroactive date, discovery provisions and applicable retentions, shall be submitted to COUNTY, if requested, to obtain approval of insurance requirements. Any deviations, including use of purchasing groups, risk retention groups, etc., or requests for waiver from the above requirements shall be submitted in writing to the COUNTY for approval prior to the commencement of activities under this Agreement.

The agency shall notify the DHHS immediately upon the commencement of any litigation against the agency where there is any possibility Milwaukee County may be made a party thereto. The agency shall notify respective division administrators in writing within five working days of the date informed of any litigation against the agency if there is any possibility that Milwaukee County may be made a party thereto. Notice of litigation must be sent by certified mail to the Milwaukee County post office address of the respective parties. Actual notice of litigation must be given, where possible, when time is of the essence. Further, the agency shall comply with all laws respecting Workers Compensation Insurance.

The agency will at all times indemnify and hold harmless Milwaukee County and the Behavioral Health Division Community Services Branch against any and all liability, claims, losses, damages, costs and expenses which Milwaukee County may sustain, incur, or be required to pay by virtue of the act or omission of the agency.

Agreements cannot be executed unless a certificate of insurance is on file with DHHS.

16. Disclosure

All Agencies must address the disclosure items listed below. An agency which has information to disclose must provide a statement (s) of full disclosure in response to Items (1), (2), a, b, and c.

(1). Milwaukee County Employee

Provide a list of any Milwaukee County employee or former County employee to whom your agency paid a wage, salary, or independent contractor fee during the preceding three year period. Include payments made during 2002, 2003 and 2004 to any person who was at the time of payment, also employed by Milwaukee County.

(2). Conflict of Interest

Provide a full disclosure of the relationship including the extent of interest and amount of estimated income anticipated from each source for each individual if:

- a. Any owner, board member, employee, or member of the aforementioned immediate family holds interest in firms from which materials or services are purchased by the agency, its subsidiaries, or affiliates.
- b. Any owner, board member, employee, or member of any of the aforementioned immediate family serve on the Board of Directors of subsidiaries and/or affiliates of the agency.
- c. If your agency rents from or contracts with any person who has ownership or employment interests in your agency; serves on the Board of Directors; or is a member of the immediate family of an owner, employee, or board member, provide a copy of lease agreements certified appraisals and contract agreements, etc.

An agency, which has no information to disclose, must complete and sign the Year 2005 Disclosure Form.

17. Equal Employment Opportunity Certificate

All agencies are required to complete and return the Equal Employment Opportunity Certificate.

18. Equal Opportunity Policy

The Equal Opportunity Policy form is to be completed and **posted at the agency**. A copy of the form is to be submitted with your application.

19. Keep Current Information

It is the Provider's responsibility to keep all information current and up-to-date. Failure to submit timely and current insurance, licenses, and certifications will result in a suspension to participate in the AODA Bureau Voucher Program

20. Background Checks

County and Applicant agree that the protection of clients served under this Agreement is paramount to the intent of this Agreement. Applicant certifies that it will comply with the provisions of HFS 12, Wis. Admin. Code *State of Wisconsin Caregiver Program* (online at <http://www.legis.state.wi.us/rsb/code/index.html>).

The Applicant further certifies that it will comply with the provisions of the Milwaukee County Resolution requiring Background Checks as set forth in the May 2000 adopted modification of the Resolution that separates individuals who committed crimes under the Uniform Controlled Substances Act of Chapter 961 Wisconsin Statutes, from the felony crimes referenced in the original Resolution and those referenced under Chapter 948 of the Statutes.

Provider shall conduct background checks at its own expense on all employees who provide direct care and services to clients under this Agreement. Provider shall retain in its personnel files all pertinent information to include: 1) a *Background Information Disclosure* (BID) Form (HFS-64); 2) a *Wisconsin Criminal History Records Request* Form (DJ-LE 250 or 250A) to the Department of Justice Crime Information Bureau (CIB) and the response to the request; 3) a Department of Health and Family Services and a Department of Regulation and Licensing *Integrated Background Information System* (IBIS) search and the response to the search; and 4) a search of out-of-state records, tribal court proceedings and military records if indicated.

In addition, Applicant agrees to the following:

1. After the initial background check, Provider is required to conduct a new background search every four (4) years, or at any time within that period when Provider has reason to believe a new check should be obtained.
2. Applicant shall obtain an FBI Criminal Records Check (national fingerprint-based criminal history check) for any prospective direct care provider living in the State of Wisconsin for less than three (3) years.
3. Applicant shall maintain the results of background checks on its own premises for a period of at least four (4) years following the latter of Agreement termination or receipt of audit report. County may audit Provider's personnel files to assure compliance with the *Wisconsin Caregiver Program Manual* (online at <http://www.dhfs.state.wi.us/caregiver/publications/CgvrProgMan.htm>).
4. Applicant shall not assign any individual to conduct work under this Agreement who does not meet the requirement of this law.
5. Applicants who provide direct care and services to clients shall notify the DHHS in writing via certified or registered mail within two (2) business days if an employee/caregiver has been charged with or convicted of any crime specified in HFS 12.07(2) (online at <http://www.legis.state.wi.us/rsb/code/index.html>), and or
6. Applicant who provides direct care and services to children and youth shall notify the DHHS within two (2) business days of the actual arrest of any employee or caregiver charged with any of the offenses referenced in Numbers 6, 7, and 11 of the *Resolution Requiring Background Checks on Department of Health and Human Services Contract Agency Employees Providing Direct Care and Services to Children and Youth*.

Contracts cannot be executed unless the Certification Statement of the Resolution Regarding Background Checks is submitted with this application and on file with the DHHS.

RESOLUTION REQUIRING BACKGROUND CHECKS ON
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CONTRACT AGENCY EMPLOYEES PROVIDING
DIRECT CARE AND SERVICES TO CHILDREN AND YOUTH

Provisions of the Resolution requiring criminal background checks for current or prospective employees of DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements providing **direct care and services to Milwaukee County children and youth** were initially passed by the County Board in September, 1999.

In May, 2000, the County Board adopted a modification of the resolution that separates individuals who have committed crimes under the Uniform Controlled Substances Act under Chapter 961 Wisconsin Statutes from the felony crimes referenced in the original Resolution and those referenced under Chapter 948 of the Statutes.

The Resolution shall apply only to those employees who provide direct care and services to Milwaukee County children and youth in the ordinary course of their employment, and is not intended to apply to other agency employees such as clerical, maintenance or custodial staff whose duties do not include direct care and services to children and youth.

1. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements are required to certify, by written statement to the DHHS, that they have a written screening process in place to ensure background checks, extending at least three (3) years back, for criminal and gang activity, for current and prospective employees providing direct care and services to children and youth. The background checks are to be made prior to hiring a prospective employee on all candidates for employment regardless of the person's place of residence.
2. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements are required to certify, by written statement to the DHHS, that they are in compliance with the provisions of the Resolution; that the statement shall be subject to random verification by the DHHS or its designee; and, that the DHHS or its designee shall be provided, on request, at all reasonable times, copies of any or all background checks performed on its employees pursuant to this Resolution.
3. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which do not provide to the DHHS or its designee, copies of any or all background checks, on request, at all reasonable times, pursuant to this Resolution, shall be issued a letter of intent within 10 working days by the DHHS or its designee to file an official 30-day notice of termination of the contract, if appropriate action is not taken by the contract agency towards the production of said documents.
4. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall perform criminal background checks on current employees who provide direct care and services to children and youth by January 31, 2001 and, after 48 months of employment have elapsed, criminal background checks shall be performed every four (4) years within the year thereafter.

RESOLUTION REQUIRING BACKGROUND CHECKS ON
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CONTRACT AGENCY EMPLOYEES PROVIDING
DIRECT CARE AND SERVICES TO CHILDREN AND YOUTH

5. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall hire prospective employees after January 31, 2001 conditioned on the provisions stated above for criminal background checks and, after four (4) years within the year thereafter, and for new employees hired after January 31, 2001.
6. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which determine that a current or prospective employee was convicted of one or more of the following offenses shall notify the DHHS or its designee immediately. Offenses include: homicide (all degrees); felony murder; mayhem; aggravated and substantial battery; 1st and 2nd degree sexual assault; armed robbery; administering dangerous or stupefying drugs; and, all crimes against children as identified in Chapter 948 of Wisconsin Statutes.
7. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which determine that a current or prospective employee was convicted of any other offense not listed in Number 6 shall notify the DHHS or its designee immediately. Offenses include but are not limited to: criminal gang member solicitations; simple possession; endangering public safety; robbery; theft; or, two (2) or more misdemeanors involving separate incidences within the last three (3) years.
8. DHHS contract agency employees and employees of agencies/organizations with which the DHHS has reimbursable agreements who provide direct care and services to children and youth, charged with any of the offenses referenced in Number 6 and Number 7, shall notify the DHHS or its designee within two (2) business days of the actual arrest.
9. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction as stated in Number 6, or a conviction that occurred less than three (3) years from the date of employment as stated in Number 7, the DHHS or its designee shall issue a letter of intent within 10 working days to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth.
10. The DHHS or its designee, upon receipt of notification of potentially disqualifying past criminal misconduct or pending criminal charges as stated in Number 6 and Number 7 of this Resolution, shall terminate the contract or other agreement if, after 10 days' notice to the contract agency, the DHHS or its designee has not received written assurance from the agency that the agency has taken appropriate action towards the convicted current or prospective employee consistent with the policy expressed in this Resolution.
11. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which determine that a current or prospective employee was convicted of any crime under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, and the conviction occurred within the last five (5) years from the date of employment or time of application, shall notify the DHHS or its designee immediately.

RESOLUTION REQUIRING BACKGROUND CHECKS ON
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CONTRACT AGENCY EMPLOYEES PROVIDING
DIRECT CARE AND SERVICES TO CHILDREN AND YOUTH

12. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, the DHHS or its designee shall issue a letter of intent, within 10 working days, to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth. **Current or prospective employees of DHHS contract agencies or other reimbursable agreements who have not had a conviction within the last five (5) years under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, shall not be subject to the provisions of this Resolution.**

21. Removal for Cause

DHHS reserves the right to remove a provider for cause from the program at any time.

Any Agreement may be terminated sixty (60) days following written notice by County or Provider for any reason, with or without cause, unless an earlier date is determined by County to be essential to the safety and well-being of the clients and patients covered by the contract with the exception of those facilities which must meet the notification requirements as applicable in Chapter 50 licensing. Failure to maintain in good standing required licenses, permits and/or certifications, may, at the option of the County, result in immediate termination of the contract. Failure to comply with any part of the contract may be considered cause for early termination by the offended party.

In the event of termination, the County will only be liable for State reimbursable services rendered through the date of termination and not for the uncompleted portion, or any materials or services purchased or paid for by Provider for use in completing this Agreement.

Contractor shall notify County, in writing, whenever it is unable to provide the required quality or quantity of services. Upon such notification, County and Contractor shall determine whether such inability to provide the required quality or quantity of services will require a revision or early termination of this Agreement.

Should County reimbursement from State or Federal sources not be obtained or continued at a level sufficient to allow for payment for the quantity of services in this Agreement, the obligations of each party shall be terminated. Reduction in reimbursement or payment from State or Federal sources shall be sufficient basis for County to reduce the amount of payment to Provider notwithstanding that Provider may have provided the services.

County reserves the right to withdraw any qualified recipient from the program, service, institution or facility of the Provider at any time, when in the judgment of County, it is in the best interest of County or the qualified recipient so to do.

22. Inspection Of Premises And County Site Audits

Provider shall allow visual inspection of Provider's premises to County representatives and to representatives of any other local, State, or Federal government unit. Inspection shall be permitted without formal notice at any time that care and services are being furnished.

Provider and County mutually agree that County or County's representatives including the Milwaukee County Department of Health and Human Services and the Milwaukee County Department of Audit as well as State and Federal officials, reserve the right to review Board approved by-laws, minutes, policies and procedures, employee files and employment records, client attendance and case records, billing and accounting records, financial statements, certified audit reports, auditor's supporting work papers and computer disks, or other electronic media, which document the audit work, and perform such additional audit procedures as may be deemed necessary and appropriate, it being understood that additional overpayment refund claims or adjustments to prior claims may result from such reviews. Such reviews may be conducted for a period of at least four (4) years following the latter of Agreement termination, or receipt of audit report, if required.

23. Withholding Or Forfeiture Of Payments

Failure of Provider to comply with Agreement requirements may result in withholding or forfeiture of any payments otherwise due Provider from County by virtue of any County obligation to Provider until such time as the Agreement requirements are met. County reserves the right to withhold payment or adjust Provider's invoice and the payment procedures contained in the Exhibit II, Payment Method, where Provider fails to deliver the contracted services in accordance with the terms of this Agreement, or any other relevant Milwaukee County Department of Health and Human Services' administrative policies. Provider shall cooperate fully in all utilization review, quality assurance, and complaint/grievance

procedures, and submit in a timely manner (if required) annual audit reports, corrective action plans, or any other requests for additional information by County. County may withhold payment entirely until requested or required information is received or, if applicable, until a written corrective action plan for improvement in services, compliance, or internal accounting control is received and approved by County.

Payment by County of Provider's invoice does not absolve the Provider from a final accounting and settlement upon submission and review of Provider's annual audit, or from audit recoveries arising from on-site audit of provider's case records or other documentation in support of services billed.

24. Co-Payment Responsibility

Collection of any client co-payment amount is the responsibility of the provider.

25. Prohibition of Supplanting

No funds paid to the provider may be used to supplement Medical Assistance, Health Maintenance Organization funded services.

26. Referral Guarantee

DHHS cannot guarantee the volume of referrals to the provider under this program.

27. Equal Opportunity Clauses

Affirmative Action In Employment

A Pursuant to Executive Order 11246, CFR Title 41, Chapter 60

During the performance of this contract, the contractor agrees as follows:

1. The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin or age. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to the above-named characteristics. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms compensation, and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.
2. The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to the above-named characteristics.
3. The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement, or other contract or understanding, a notice to be provided by the agency contracting officer, advising the labor union or worker's representative of the contractor's commitments under section 202 of Executive Order 11246 of September 24, 1965, and/or County Ordinances Section 56.17 (1c) and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. The contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor, and/or County Ordinances Section 56.17 (1c).

5. The contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by the rules, regulations and orders of the Secretary of Labor, and/or County Ordinances Section 56.17 (1c) and will permit access to his books, records, and accounts by the contracting agency and the Milwaukee County Contract Compliance Program Auditor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
6. In the event of the contractors noncompliance with the nondiscrimination clauses of this contract or with any of such rules, regulations, or orders, this contract may be cancelled, terminated or suspended in "Whole or in part and the contractor may be declared ineligible for further County contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and/or County Ordinances Section 56.17 and such other sanctions as may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulations, or order of the secretary of Labor, and/or County Ordinance Section 56.17.
7. The contractor will include the provisions of paragraphs I through 7 in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order 11246 of September 24, 1965, and/or County Ordinance Section 56.17 (1c) so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or the Secretary of Labor or the County Contracting Official as a means of enforcing such provisions including sanctions for noncompliance may direct purchase order as.

B Pursuant to Section 503 or the Rehabilitation Act of 1973 (Handicapped Workers)

1. The contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap in regard to any position for which the employee or applicant for employment is qualified. The contractor agrees to take affirmative action to employ, advance in employment or otherwise treat qualified handicapped individuals without discrimination based upon their physical or mental handicap in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.
2. The contractor agrees to comply with the rules, regulations, and relevant orders of the Secretary of Labor issued pursuant to the Rehabilitation Act of 1973 and/or County Ordinances Section 56.17 (1c).
3. In the event of the contractor's noncompliance with the requirements of this clause, actions for noncompliance may be taken in accordance with the rules, regulations, and relevant orders of the Secretary of Labor issued pursuant to the Act and/or County Ordinances Section 56.17 (1 c).
4. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices in a form to be prescribed by the Director, provided by or through the contracting officer. Such notices shall state the contractor's obligation under the law to take affirmative action to employ and advance in employment qualified handicapped employees and applicants for employment, and the rights of applicants and employees.

5. The contractor will notify each labor union or representative of worker with which it has a collective bargaining agreement or other contract understanding, that the contractor is bound by the terms of Section 503 of the Rehabilitation Act of 1974, and/or County Ordinances Section 56.17 (1c) and is committed to take affirmative action to employ and advance in employment physically and mentally handicapped individuals.
6. The contractor will include the provisions of this clause in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary issued pursuant to action 503 of the Act, and/or County Ordinances Section 56.17 (1c), so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs and the Milwaukee County Contracting Official may direct to enforce such provisions, including action for noncompliance.

28. Certification Statement Regarding Debarment and Suspension

All organizations planning to submit a proposal to the Milwaukee County Department of Health and Human Services for 2005 funding are required to sign and date the certification statement. The signed and dated statement must be submitted with the INITIAL SUBMISSION of your proposal. Contracts cannot be executed unless a Certification Statement Regarding Debarment and Suspension is on file with the DHHS.

29. Non-Discrimination in Delivery of Services

No eligible client or patient shall be unlawfully denied services or be subjected to discrimination because of age, race, religion, color, national origin, sex, sexual orientation, location, handicap, physical condition, or developmental disability as defined in s. 51.01(5) Wisconsin Statutes.

Provider agrees not to unlawfully discriminate against any employee or applicant for employment because of age, race, religion, color, national origin, sex, sexual orientation, handicap, physical condition, or developmental disability as defined in s. 51.01(5) Wisconsin Statutes.

Direct Service Provider agrees to comply with the provisions of section 56.17 County General Ordinances which is attached hereto by reference and incorporated herein as though fully set forth herein. (Referenced section of County General Ordinances is available at <http://www.milwaukeecounty.org>.)

A. Pursuant to Title VI of the Federal Civil Rights Act of 1964

No eligible client shall be denied any services enumerated in this agreement or be subjected to discrimination because of race, national origin, or color, under any program to which Title VI of the Civil Rights Act of 1964 applies.

B. Pursuant to Section 504 of the Federal Rehabilitation Act of 1973 (Handicapped)

No otherwise qualified handicapped individual shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program receiving federal or county financial assistance.

30. Audit Requirements

- A. Provider shall submit to County, on or before **June 1, 2006** or such later date that is mutually acceptable to Provider and County, **two (2) original copies** of an annual program audit, or an agency-wide audit for Calendar Year 2005 if the total amount of annual funding provided by County through this and other contracts is \$25,000 or more, unless waived by County. The audit shall be performed by an independent certified public accountant (CPA) licensed to practice by the State of Wisconsin. CPA audit reports are required under Wisconsin Statutes, Section 46.036 (4)(c).

Providers reporting on a fiscal year other than a calendar year shall be considered in compliance with the audit requirements upon submittal of Provider's fiscal year audit, meeting the audit requirements in 8.A. (1), (2), and (3) within 150 days of the fiscal year closing.

Non-profit Providers who received aggregate Federal financial assistance of \$500,000 or more, either directly or indirectly, shall submit to County, on or before **June 1, 2006** or such later date that is mutually acceptable to Provider and County, **two (2) original copies** of a certified audit report for Calendar Year 2005 performed in accordance with the Office of Management and Budget (OMB) Circular A-133, *Audits of States, Local Governments and Non-Profit Organizations* (on line at www.whitehouse.gov/omb/circulars) if the Provider meets the criteria of that Circular for needing an audit in accordance with that Circular. The audit submitted by Provider shall also be conducted in conformance with the following standards:

- a. The Wisconsin Department of Health and Family Services *Provider Agency Audit Guide*, 1999 revision (on line at www.dhfs.state.wi.us/grants);
- b. Standards applicable to financial audits contained in *Government Auditing Standards* (GAS) most recent revision published by the Comptroller General of the United States; and,
- c. Generally accepted auditing standards (GAAS) adopted by the American Institute of Certified Public Accountants (AICPA).

Requests for waiver, and/or extension must be in writing and submitted before the original due date of the audit. Audit reports and requests for waiver and/or extension must be sent to the following address no later than five months after the end of the agency's fiscal year, or such later date mutually agreed to by Provider and County:

DHHS Contract Administrator
Department of Health and Human Services
235 West Galena Street
Milwaukee, WI 53212

CPA audits and reports referenced above shall contain the following Financial Statements, Schedules and Auditors' Reports:

(1) Financial Statements and Supplemental Schedules:

- a. Comparative Statements of Financial Position – For Agency-wide audits only.
- b. Statement of Activities – For Agency-wide audits only.
- c. Statement of Cash Flows – For Agency-wide audits only.
- d. Supplemental schedule of program revenue and expenses for this Agreement. The schedule shall include all sources of revenue and identify each program's funding source(s), and each program's expenses by natural classification.

Program categories shall be provided for each program or activity identified as a single line item on the Exhibit I of the Purchase of Service Agreement with County if more than one program is provided under this fee-for-service Agreement, or any other service agreement with County. The schedule(s) of program revenue and expenses may not combine programs.

- e. **Reserve Supplemental Schedule** is required for all nonprofit agencies that provide client services on the basis of a unit rate per unit of client service (Units-times-price agreements). A separate schedule must be completed for each agreement/facility, or for each rate-based program (service) within a facility. For agencies whose fiscal year is other than a calendar year, the period covered by the schedule must be the most recently completed calendar year for all DHHS-funded programs.

The schedule must identify revenue from each Purchaser separately, and include total units of service provided to all Purchasers for each agreement/facility or rate-based service within a facility, and total units of service provided under the Agreement with County, as well as the items required by the *Provider Agency Audit Guide* (Section 7.1.6), for the most recently completed calendar year. The schedule and allowable additions to reserves shall be by agreement/facility or by program category.

- f. **Schedule of Profit for For-Profit Agencies Which Provide Client Care.** For profit providers shall include a schedule in their audit reports showing the total allowable costs and the calculation of the allowable profit by Agreement/facility, or for each rate-based program (service) within a facility. Wis. Stat. 46.036 (3) (c) indicates that Agreements for proprietary agencies may include a percentage add-on for profit according to the rules promulgated by the Department of Health and Family Services. These requirements are in the *Allowable Cost Policy Manual* (Section III.16), which indicates that allowable profit is determined by applying a percentage equal to 7 1/2% of net allowable operating costs plus 15% applied to the net equity, the sum of which may not exceed 10% of net allowable operating costs.
- g. Units of service provided under the Agreement, if not disclosed on the face of the financial statements, are required for Providers that provide client services on the basis of a unit rate per unit of client service (units-times-price agreements). **Provider's auditors shall review and report on the extent of support for the number of units for each type of service billed to County, and compare units billed to Provider's accounting/billing records that summarize units provided per client. Provider's auditors shall reconcile billing records to supporting underlying documents in client case files on a test basis, and report on any undocumented units billed to County that exceed the materiality threshold of the DHFS Provider Agency Audit Guide, 1999 revision.** The disclosure must include total units of service provided to all Purchasers for each facility, or rate-based program within a facility; and total units of service provided under the Agreement or fee-for-service Agreement with County for the most recently completed calendar year.
- h. Notes to financial statements including disclosure of related-party transactions, if any. Rental cost under less-than-arms-length leases are allowable only up to the amount that would be allowed had title to the property vested with the Provider. Rental cost under sale and leaseback arrangements are allowable only up to the amount that would be allowed had the Provider continued to own the property.

Provider's auditors must disclose the actual costs of ownership, by property, for the property(ies) in question, as well as the amount of such costs to be allocated to each DHHS program, the amount of rent originally charged, and the amount of such rent that is an unallowable cost.

- i. Schedule of Federal and State Awards broken down by agreement year. The schedule shall identify the agreement number and the program name and number from the Exhibit I of the agreement. Each program or service under County agreement must be reported as a separate line item by agreement year.

(2) Independent Auditors Reports and Comments:

- a. "Opinion on Financial Statements and Supplementary Schedule of Expenditures of Federal and State Award" including comparative statements of financial position, and related statements of activities and cash flow of entire agency.

Or, for Program Audits

"Opinion on the Financial Statement of a Program in Accordance with the Program Audit."

- b. Report on Compliance and Internal Control over Financial Reporting Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards (GAS), and the *Provider Agency Audit Guide*, 1999 revision.

Or, for Program Audits

"Report on Compliance with Requirements Applicable to the Program and on Internal Control over Compliance Performed in Accordance with the Program Audit."

- c. "Report on Compliance with Requirements Applicable to Each Major Program and Internal Control over Compliance in Accordance with OMB Circular A-133" (applicable only if the audit is also in accordance with OMB Circular A-133).

- d. Schedule of findings and questioned costs to include:

- Summary of auditor's results on financial statements, internal control over financial statements and compliance, and if applicable; the type of report the auditor issued on Compliance for Major Federal Programs.
- Findings related to the financial statements of the agency or of the program which are required to be reported in accordance with Generally Accepted Government Auditing Standards (GAGAS);
- Findings and Questioned Costs for Federal Awards which shall include audit "Findings" as defined in Section .510(a) of OMB Circular A-133, if applicable,
- Doubt on the part of the auditors as to the auditee's ability to continue as a going concern;
- Other audit issues related to grants/contracts with funding agencies that require audits to be performed in accordance with the Provider Agency Audit Guide, 1999 revision; and
- Whether a Management Letter or other document conveying audit comments was issued as a result of the audit.

- e. A copy of the Management Letter or other document issued in conjunction with the Audit shall be provided to County. If no Management Letter was issued, the schedule of findings and questioned costs shall state that no Management Letter was issued.

(2) Independent Auditors Reports and Comments:

- a. "Opinion on Financial Statements and Supplementary Schedule of Expenditures of Federal and State Award" including comparative statements of financial position, and related statements of activities and cash flow of entire agency.

Or, for Program Audits

"Opinion on the Financial Statement of a Program in Accordance with the Program Audit."

- b. Report on Compliance and Internal Control over Financial Reporting Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards (GAS), and the *Provider Agency Audit Guide*, 1999 revision.

Or, for Program Audits

“Report on Compliance with Requirements Applicable to the Program and on Internal Control over Compliance Performed in Accordance with the Program Audit.”

- c. “Report on Compliance with Requirements Applicable to Each Major Program and Internal Control over Compliance in Accordance with OMB Circular A-133” (applicable only if the audit is also in accordance with OMB Circular A-133).
- d. A copy of the Management Letter or other document issued in conjunction with the audit shall be provided to County. If no Management Letter was issued the schedule of findings and questioned costs shall state that no Management Letter was issued.

(3) Provider Prepared Schedules and Responses:

- a. Schedule of prior-year audit findings indicating the status of prior-year findings related to County funded programs. The schedule shall include the items required by the *Provider Agency Audit Guide*, 1999 revision. If no prior year findings were reported, the schedule must state that no prior year findings were reported.
- b. Corrective action plan for all current-year audit findings related to County funded programs and/or financial statements of the agency. The corrective action plan shall be prepared by Provider, and must include the following: name of the contact person responsible for the preparation and implementation of the corrective action plan; the planned corrective action; and, the dates of implementation and anticipated completion.
- c. Management’s responses to each audit comment and item identified in the auditor’s Management letter.
- d. Notes to financial statements including disclosure of related-party transactions, if any. Rental cost under less-than-arms-length leases are allowable only up to the amount that would be allowed had title to the property vested with the Provider. Rental cost under sale and leaseback arrangements are allowable only up to the amount that would be allowed had the Provider continued to own the property.

Provider’s auditors must disclose the actual costs of ownership, by property, for the property(ies) in question, as well as the amount of such costs to be allocated to each DHHS program, the amount of rent originally charged, and the amount of such rent that is an unallowable cost.

- e. Schedule of Federal and State Awards broken down by agreement year. The schedule shall identify the agreement number and the program name and number from the Exhibit I of the agreement. Each program or service under County agreement must be reported as a separate line item by agreement year.

(2) Independent Auditors Reports and Comments:

- a. “Opinion on Financial Statements and Supplementary Schedule of Expenditures of Federal and State Award” including comparative statements of financial position, and related statements of activities and cash flow of entire agency.

Or, for Program Audits

“Opinion on the Financial Statement of a Program in Accordance with the Program Audit.”

- b. Report on Compliance and Internal Control over Financial Reporting Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards (GAS), and the *Provider Agency Audit Guide*, 1999 revision.

Or, for Program Audits

“Report on Compliance with Requirements Applicable to the Program and on Internal Control over Compliance Performed in Accordance with the Program Audit.”

- c. "Report on Compliance with Requirements Applicable to Each Major Program and Internal Control over Compliance in Accordance with OMB Circular A-133" (applicable only if the audit is also in accordance with OMB Circular A-133).
- d. A copy of the Management Letter or other document issued in conjunction with the audit shall be provided to County. If no Management Letter was issued the schedule of findings and questioned costs shall state that no Management Letter was issued.

(4) General:

The following is a summary of the general laws, rules and regulations with which the auditor should be familiar in order to satisfactorily complete the audit.

- a. Government Auditing Standards, (Standards for Audit of Governmental Organizations, Programs, Activities, and Functions), June 2003 Revision.
- b. OMB Circular A-133, Audits of States, Local Governments and Non-Profit Organizations, including revisions published in *Federal Register* 06/27/03
- c. OMB Circular A-133, - Appendix B: 2000 Compliance Supplement
- d. OMB Circular A-122, Cost Principles for Non-Profit Organizations,
- e. OMB Circular A-87, Cost Principles for State, Local and Indian Tribal Governments,
- f. OMB Circular A-21, Cost Principles for Educational Institutions.
- f. Appendix E of 45 CFR part 74, Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals.
- g. The allowability of costs incurred by commercial organizations and those non-profit organizations listed in Attachment C to OMB Circular A-122 is determined in accordance with the provisions of the Federal Acquisition Regulation (FAR) at 48 CFR part 31 - Contract Cost Principles and Procedures.
- h. OMB Circular A-102, Grants and Cooperative Agreements with State and Local Governments.
- i. OMB Circular A-110, Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations
- j. Wisconsin State Statutes, Sections 46.036, 49.34, Purchase of Care and Services.
- l. State of Wisconsin, Department of Administration Single Audit Guidelines - Current Revision.
- m. State of Wisconsin Department of Health and Family Services, Provider Agency Audit Guide - 1999 Revision
- n. State of Wisconsin Department of Health and Family Services, Allowable Cost Policy Manual - Current Revision.
- o. AICPA Generally Accepted Auditing Standards.

B. Contractor hereby authorizes and directs its Certified Public Accountant, if requested, to share all work papers, reports, and other materials generated during the audit with County or County's representative(s) including the Milwaukee County Department of Health and Human Services and the Milwaukee County Department of Audit as well as state and federal officials. Such direct access shall include the right to obtain copies of the work papers and computer disks, or other electronic media, which document the audit work. Contractor shall require its CPA to retain workpapers for a period of at least four (4) years following the latter of Contract termination, or receipt of audit report.

C. Contractor and County mutually agree that County or County's representative(s), including the Milwaukee County Department of Health and Human Services and the Milwaukee County Department of Audit, as well as state and federal officials, reserve the right to review certified audit reports, supporting workpapers, or financial statements, and perform additional audit work as deemed necessary and appropriate, it being understood that additional overpayment refund claims or adjustments to prior claims may result from such reviews. Such reviews may be conducted for a period of at least four (4) years following the latter of contract termination, or receipt of audit report, if required.

D. Contractors reporting on a **fiscal year other than a calendar year shall be considered in compliance with contract reporting requirements** upon submittal of the following **unaudited** schedules:

1. A schedule of revenue and allowable costs allocated by funding source, and by program, for each program or activity referenced as a line item on the Exhibit I of the Contract and for each Community Based Residential Facility (CBRF). The schedule(s) shall be compiled by Contractor's independent public accountant, with an accountant's compilation report, for the period from the close of Contractor's fiscal year through the end of the calendar year, on or before June 1, 2006, or such later date that is mutually acceptable to Contractor and County.

(2) If Contractor's fiscal year encompasses two contract years, Contractor shall submit a "bridging schedule" prepared by a CPA accountant, which identifies program revenues and allowable costs for each of the two calendar year contract periods. The "bridging schedule" shall reconcile the two calendar year contract periods to the fiscal year totals for each program reported in the most current fiscal year audit report.

E. Contractor shall maintain records for audit purposes for a period of at least four (4) years following the latter of contract termination or receipt of audit report.

F. **Contractors' Subrecipients**

Contractors who subcontract with other providers for the provision of care and services are required by federal and state regulations to monitor their subrecipients.

Contractors shall have on file, and available for review by County, copies of subrecipient's CPA audit reports and financial statements. These reports and financial statements shall be retained for a period of at least four (4) years following the latter of contract termination, or receipt of audit report, if required.

Subrecipient shall maintain and, upon request, furnish to County, at no cost to County, any and all information requested by County relating to the quality, quantity, or cost of services covered by the subcontract and shall allow authorized representatives of County and County's funding sources to have access to all records necessary to confirm subrecipient's compliance with law and the specifications of this Contract and the subcontract.

It is agreed that County representatives or representatives of appropriate state or federal agencies shall have the right of access to program, financial and such other records of subrecipient as may be requested to evaluate or confirm subrecipient's program objectives, client case files, costs, rates and charges for the care and service, or as may be necessary to evaluate or confirm subrecipient's delivery of the care and service. It is further understood that files, records and correspondence for subcontracted engagement must be retained by subrecipient for a period of at least four (4) years following the latter of contract termination, or receipt of subrecipient's audit report, if required.

31. Audit Requirements Alcohol And Other Drug Abuse (AODA) Voucher Program

Provider shall submit to County, within 150 days of the end of Provider's fiscal year, or such later date that is mutually acceptable to Provider and County, two (2) original copies of an annual agency-wide audit for calendar year 2005, or the fiscal year ending in 2006. An independent Certified Public Accountant (CPA) licensed to practice by the State of Wisconsin shall perform audit. The Milwaukee County Department of Health and Human Services Administrative Probation Policy for Non-Compliance with Certified Audit Reports is incorporated herein by reference and made a part of this Contract as if physically attached hereto and Provider shall comply therewith.

1. CPA audit reports are required under Wisconsin Statutes, Sections: s. 46.036, s. 49.34, s. 301.08, and the Provider Agency Audit Guide, 1999 revision, if the total amount of annual funding provided by the Wisconsin Departments of Health and Family Services, Workforce Development, and Corrections through this and other contracts is \$25,000 or more.
2. The audit shall be performed in accordance with the following:
 - a Requirements of the U.S. Office of Management and Budget (OMB) Circular A-133, if Provider meets the criteria of that circular,
 - b The Provider Agency Audit Guide, 1999 revision, issued by the Wisconsin Departments of Health and Family Services, Workforce Development, and Corrections;
 - c Standards applicable to financial audits contained in Government Auditing Standards (GAS), issued by the Comptroller General of the United States, and,
 - d Generally accepted auditing standards (GAAS), adopted by the American Institute of Certified Public Accountants (AICPA).
3. **Provider shall also submit to County within 150 days of the end of the Provider's fiscal year, or such later date that is mutually acceptable to Provider and County, two (2) original copies of a reporting package for the fiscal year ending in 2005. The reporting package shall include the following.**
 - a All audit schedules and reports required for the type of audit applicable to Provider.
 - b A summary schedule of prior-year audit findings and the status of addressing these findings.
 - c A copy of the Management Letter or other document conveying audit comments issued as a result of the audit.
 - d Management's responses to the Management Letter and a corrective action plan for each audit issue identified in the audit.

**MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATIVE PROBATION POLICY
FOR NON-COMPLIANCE WITH CERTIFIED AUDIT REPORTS**

A POSITION STATEMENT

The Milwaukee County Department of Human Services (DHHS) enters into various contractual relationships and agreements (as referenced under Section D.2. of this policy) with agencies and organizations (Contractors.) It is the intent of the DHHS to ensure that Contractors not only comply with all terms of the contracts and agreements, but also conduct their business in a way that gives assurance that the services are provided in an effective and efficient manner over the full term of the contract and/or agreement. To accomplish this objective, Contractors are required to submit accurate and timely fiscal information for review by the DHHS.

In this regard, Contractors are required to submit to the DHHS two (2) original copies of a certified audit report within 150 days of Contractor's fiscal year closing, or such later date that is mutually agreed to by Contractor and the DHHS, subject to additional restrictions referenced in Section E. I. of this policy.

It is Contractors responsibility to provide their auditors with a copy of the contract and/or agreement containing the audit requirements, as well as a copy of the Milwaukee County "Payor of Last Resort Policy" (included with the audit reminder letter) so that the audit is performed in compliance with the contract requirements, and the auditor is familiar with the "Payor of Last Resort Policy."

DHHS makes no representations, either written or verbal beyond the contractual instruments (as referenced under Section D.2. of this policy.) In addition, DHHS does not sign any written memoranda or procedures proposed by Contractor other than those made in the contractual relationships or agreements (as referenced under Section D.2. of this policy). Nothing contained in this policy would preclude the DHHS from pursuing a separate legal action.

B PURPOSE OF ADMINISTRATIVE PROBATION POLICY

The purpose of the Administrative Probation policy is to improve departmental contract monitoring and oversight, and to improve contract agencies compliance with contractual and audit requirements. The policy accomplishes this purpose by:

1. Codifying the practices of the DHHS with respect to enforcement of the contractual obligations of service providers; and,
2. Clearly delineating the sanctions to be imposed on Contractors for failure to correct or address audit findings and/or other contract obligations in a timely manner.

C DEFINITION OF TERMS

1. Administrative Probation is defined as a condition in which a Contractor is notified, in writing, by the Department that its existing contract(s) and/or future contracting opportunities were at risk pending the timely submission of required and requested information by the DHHS, and the timely correction of identified instances of Non-compliance with contractual obligations or the resolution of audit issues as specified in this policy.
2. Contractor refers to any agency or organization having any of the following contractual relationships or agreements with the DHHS:

Purchase of Service Contract;

- a. Contract for the provision of Community Based Residential Facility (CBRF) Services;
- b. Agreement or Memorandum with the DHHS to provide services as part of a provider network; and/or,

- c. Any other Memorandum of Agreement or Memorandum of Understanding, or any other contractual relationship under which an audit report is required by County, State and/or Federal laws, rules and/or regulations.
3. Compliance Review - Certified audit reports are reviewed by the DHHS for compliance with contractual and governmental rules and regulations including allowable costs. A compliance review is not complete until all required information has been submitted, reviewed and deemed satisfactory by the DHHS.
 4. Fiscal Review - A fiscal review is performed by the DHHS after the compliance review is completed. A fiscal review of certified audit reports is performed to ensure that payments to Contractors for the provision of services conform to the parameters of the contract, and, to provide information about the financial status of the Contractor.
 5. Fiscal Recovery - A fiscal recovery is the amount determined to be due to the DHHS based on audited information submitted by Contractor for the fiscal year of the audit report under review. Typically, a fiscal recovery results from payments by the DHHS in excess of net allowable costs.
 6. Corrective action plan refers to a written plan with a specific timetable that addresses and resolves to the satisfaction of the DHHS all adverse opinions, qualified opinions, or disclaimer of opinions reported in Contractor's audit report, and any audit findings (as referenced under Sections E.3., EA. and E.5. of this policy) disclosed in Contractor's audit report.

D CONDITIONS RESULTING IN ADMINISTRATIVE PROBATION STATUS

A Contractor shall be placed on Administrative Probation due to any of the following conditions.

1. Failure to submit two (2) original copies of a certified audit report within the required time frame.
 - a Contractor is required to submit to the DHHS two (2) original copies of the required certified audit report within 150 days of Contractor's fiscal year closing; or,
 - b Such later date that is mutually agreed to by Contractor and the DHHS, not to extend three months past 150 days of Contractor's fiscal year closing.

Example the audit reports for Contractors reporting on a calendar year fiscal period are due June 1st of the subsequent year, and if mutually agreed to by Contractor and the DHHS, not to extend past September 1st

2. Failure to request, in writing an extension of the submission date of the audit report, on or before the original audit due date, or, if expired, the agreed upon extended due date. A late filing of the extension request for submission of the audit report will result in Contractor's remaining on Administrative Probation until such time as two (2) original copies of the certified audit report are received by the DHHS.
3. Contractors with other than an unqualified opinion, which includes an adverse opinion, a qualified opinion, or a disclaimer of opinion, reported in Contractor's audit report if deemed significant as determined by the DHHS.
4. Disclosure, of a material internal control weakness, material audit finding,' reportable condition and/or other management letter issue(s) reported in Contractor's audit report if deemed significant as determined by the DHHS.
5. Unresolved Prior Year Audit Findings - Disclosure by auditor of Contractor's failure to develop and to implement a corrective action plan (adopted by the Board of Directors' resolution, and approved by the DHHS for prior year audit findings and/or management letter issues.

Contractors with any conditions (as referenced in Sections E.3., EA. and E.5. above) must present a written corrective action plan to the DHHS for approval, and provide evidence that the corrective action plan has been adopted by Contractor's Board of Directors. Contractor's corrective action plan, adopted by the Board of Directors

and approved by the DHHS, must be in place by Board resolution by December 31st of the contract year in which the audit report is due before my future contracts can be executed.

6. Failure of Contractor to respond to requests for additional compliance information within the required time frame(s).
 - a Failure of Contractor to comply, in writing with the Department's written request for information by the specified due date in the letter or such later date that is mutually agreed to by Contractor and the DHHS.
 - b Failure of Contractor to satisfactorily resolve all other audit compliance issues within the specified time frame(s) identified in the letter(s) or such later date that is mutually agreed to by Contractor and the DHHS.
7. Failure of Contractor to respond to requests for additional information required for the fiscal review within the required time frame(s)
 - a Failure of Contractor to comply, in writing with the Department's written request for information by the specified due date in the letter, or such later date that is mutually agreed to by Contractor and the DHHS.
 - b Failure of Contractor to satisfactorily resolve all other fiscal review issues, other than fiscal recoveries within the specified time frame(s) identified in the letter(s) or such later date that is mutually agreed to by Contractor and the DHHS.
8. Failure of Contractor to satisfy audit fiscal recoveries due to the DHHS, within the specified time frame identified in the fiscal recovery letter or in a repayment plan approved by the DHHS.

All fiscal recoveries must be paid to the DHHS by Contractor, or a written repayment plan with a specific timetable must be received and approved by the DHHS, Within 30 working days of the date of the initial audit fiscal recovery letter notifying Contractor of the recovery.

Fiscal recoveries may be repaid to the DHHS through a scheduled payment deduction(s) of contractual relationships or agreements (as referenced under Section D.2. of this policy) or, Contractor may send a check(s) to repay the funds owed to the DHHS.

If Contractor questions the fiscal recovery, and would like to submit additional information or clarification of the audited information, Contractor must provide the information or clarification to the DHHS in time for the DHHS to complete a revised fiscal review within 30 working days of the date of the initial audit fiscal review letter notifying Contractor of the recovery.

If Contractor proposes to change any of the audited numbers which lead to the fiscal recovery, or any other information in the audit report, Contractor's auditor must submit two (2) original copies of a reissued certified audit report for examination by the DHHS before any of the changed numbers or information will be considered in the DHHS's revised fiscal review.

If a revised fiscal review determines that there is no fiscal recovery or the fiscal recovery needs to be adjusted, the DHHS will refund to Contractor the amount recovered, or recover any additional amounts due to the DHHS based on the adjustment

9. Audits of Contractors, conducted by or for other governmental entities which disclose conditions that would result in Administrative Probation if disclosed in audits submitted under DHHS contractual relationships or agreements, will also result in the Contractor being placed on Administrative Probation, and being subject to the same sanctions referenced in Section G. of this policy.

E ACTIONS REQUIRED TO TERMINATE ADMINISTRATIVE PROBATION

1. Contractors with other than an unqualified opinion which includes an adverse opinion, a qualified opinion, or a disclaimer of opinion, reported in Contractor's audit report, if deemed significant as determined by the DHHS, will remain on Administrative Probation until all of the corrections are received, reviewed by the DHHS, and resolved by Contractor to the satisfaction of the DHHS or until an unqualified opinion is received in the subsequent year's audit report, whichever comes first.
2. Disclosure of a material internal control weakness, material audit finding, reportable condition and/or other management letter issue(s) reported in Contractor's audit report, if deemed significant as determined by the DHHS will remain on Administrative Probation until all of the corrections are received, reviewed by the DHHS, and resolved by Contractor to the satisfaction of the DHHS. Generally, this process will require the following to occur:
 - a Development of a written corrective action plan including a timetable for implementation of the plan;
 - b First Board action to include presentation of the corrective action plan to Contractor's Board of Directors, and adoption of the corrective action plan by Board of Directors' resolution;
 - c Submission of the corrective action plan and copies of the Board of Directors' meeting minutes, indicating adoption of the corrective action plan, to the DHHS for review and approval;
 - d Implementation of the approved corrective action plan according to the timetable; and,
 - e Second Board action to include submission of the Board of Directors' meeting minutes indicating final Board resolution that the adopted corrective action plan has satisfactorily resolved the audit findings.
3. Submission by Contractor of two (2) original copies of the required audit report (as referenced under Sections E.I. and E.2. of this policy), and receipt, review and satisfactory acceptance of the audit report by the DHHS.
4. Receipt, review and satisfactory acceptance by the DHHS of all information requested of Contractor in the audit compliance review and fiscal review letters (as referenced under Sections E.6. and E.7. of this policy).
5. Receipt of all funds due to the DHHS under a fiscal recovery (as referenced. under Section E.8. of this policy); or,
6. Receipt and approval by the DHHS of a written payment plan with a specific timetable for repayment, and receipt of all funds due to the DHHS under a fiscal recovery (as referenced under Section E.8. of this policy).

F SANCTIONS OF ADMINISTRATIVE PROBATION

Contractors (as referenced under Section D.2. of this policy on Administrative Probation for any of the conditions under Section E. of this policy may be subject to any one or more of the following sanctions:

1. A letter of notification withholding payments to Contractor pending receipt and satisfactory review of the requested information;
2. A letter of notification withholding payments to Contractor pending receipt, review and satisfactory resolution of all audit issues requiring a corrective action plan;
3. A letter of notification that Contractor is barred from future contractual agreements or relationships with the DHHS until such time as the conditions resulting in Administrative Probation are resolved to the satisfaction of the DHHS;

4. A letter of notification that Contractors current contractual relationships or agreements with the DHHS will be reduced or terminated until such time as the conditions resulting in Administrative Probation are resolved to the satisfaction of the DHHS;
5. A letter of notification that referrals to Contractor for the provision of services under a contractual relationship or agreement with the DHHS will be reduced or discontinued until such time as the conditions resulting in Administrative Probation are resolved to the satisfaction of the DHHS;
6. A letter of notification that fiscal recoveries will be made by the DHHS through a scheduled payment deduction(s) of contractual relationships or agreements. The DHHS may intercept payments to agencies under any contractual relationship with Milwaukee County, including contracts and/or agreements, which may be unrelated to the contract at issue.

G REQUEST FOR DHHS DIRECTOR'S REVIEW

An agency aggrieved with the decision of the Department of Human Services may request, in writing, a review of the decision by the Director of the Department of Human Services

32. Labor Peace Agreement

Where applicable, Contractors shall comply with the provisions of Chapter 31 of the General Ordinances of Milwaukee County. A copy of Chapter 31 may be obtained from DHHS, Contract Administration, Phone Number: (414) 289-5954.

33. Civil Rights Compliance Plan

Consistent with the requirements of the U. S. Department of Health and Human Services and the State of Wisconsin Department of Workforce Development (DWD) and the Department of Health and Family Services (DHFS), all for-profit and non-profit entities applying for funding are required to complete and submit a copy of a CIVIL RIGHTS COMPLIANCE PLAN (CRCP) to include Affirmative Action, Equal Opportunity, and Limited English Proficiency (LEP) Plans. This applies to agencies and organizations that have 25 or more employees, or do \$25,000 or more worth of business with Milwaukee County. Any agency or organization that is required to file a CRCP with the DWD or the DHFS in 2005 must submit a copy of the same plan to the Milwaukee County Department of Health and Human Services (DHHS). All other agencies and organizations are required to file a "Letter of Assurance" with the DHHS.

Agencies and organizations that file the State forms listed below are required to submit copies of those forms to the Milwaukee County Department of Health and Human Services as part of their application for funding.

- Form DOA 3607, Affirmative Action Eligibility by Federal Employer Identification Number or Social Security Number;
- Form DOA 3024, Affirmative Action Request for Exemption (from filing Form DOA 3607);
- Form DOA 3023, Vendor Subcontractor List (for qualified subcontractors that meet Equal Opportunity thresholds).

(For instructions and information to obtain forms, please refer to the Civil Rights Compliance Plan Booklet enclosed with the RFP materials – for questions, please call Howard Felix at 289-6183).

PART V:

CHART OF
ACCOUNTS

MASTER CHART OF ACCOUNTS

RELATED TO STATEMENT OF EXPENSES

RELATED TO STATEMENT OF INCOME

MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
PURCHASE OF CARE & SERVICES - MASTER CHART OF ACCOUNTS

ACCOUNTS RELATED TO THE STATEMENT OF EXPENSES

7000* SALARIES

7001* Executive Salaries
 7002* Professional Salaries
 7003* Clerical Staff Salaries
 7004* Technical Salaries
 7005* Maintenance Employee's Wages
 7006* Temporary Clerical Help
 7007* Student Stipends
 7008* Other Staff Salaries (Unclassified)

7100* EMPLOYEE HEALTH & RETIREMENT BENEFITS

7101* Accident Insurance Premiums
 7102* Life Insurance Premiums
 7103* Medical & Hospital Plan Premiums
 7104* Pension or Retirement Plan Premiums
 7105* Supp. Payments to Pensioned Emp.
 7106* Payments to Annuitants
 7107* Employment Termination Expenses
 7108* Emp. Tuition Reimbursement Plan

7200* PAYROLL TAXES, ETC.

7201* FICA Payments(Employer's Share)
 7202* Unemployment Insurance
 7203* Workmen's Compensation Insurance
 7204* Disability Insurance Premiums

8000* PROFESSIONAL FEES

8001* Medical & Dental Fees
 8002* Psychological Fees
 8003* Legal Fees
 8004* Rehabilitation & Education Fees
 8005* Development & Public Relations Fees
 8006* Brokerage, Commission,Collection Fee
 8007* Employment Fees
 8008* Audit Fees
 8009* Electronic Data Processing Service Fee
 8010* Other Contract Payments to Consult
 8011* Talent Fees
 8012* Other Purchase Services

8100 SUPPLIES

8101 Medicine & Drugs (Clinic Use Only)
 8102 Prosthetic Appliances (Clinic Use Only)
 8103 Recreational, Voc. & Craft Supplies
 8104 Food & Beverages
 8105 Laundry, Linen & Housekeeping Supplies
 8106 Office Supplies-Stationery, Typing
 8107 Paper, Ink, Printing, Duplicating
 8108 New Goods Purchased
 8109 Raw Materials (Manufacturing Purchases)
 8110 Manufacturing Supplies

8200 TELEPHONE

8201 Telephone Expense
 8202 Telegraph Expense

8300 POSTAGE & SHIPPING

8301 Postage & Parcel Post
 8302 Freight
 8303 Messenger & Delivery Service

8400 OCCUPANCY

8401 Office Rent
 8402 Other Bldg. & Parking Lot Rent
 8403 Bldg & Bldg. Eq. Ins. (Gen. & Liability)
 8404 Mortgage Interest
 8405 Electricity
 8406 Gas
 8407 Heating Oil
 8408 Water & Sewer
 8409 Janitorial/Maintenance/Repairs Purch
 8410 Real Estate Taxes
 8411* Personal Property Taxes
 8412 Licenses & Permits-Occupancy Related
 8413 Bldg.&Ground Maintenance Supplies
 8414 Miscellaneous Occupancy Costs
 8415 Amortization/Leasehold Improvements
 8416 Depreciation-Buildings

***SCHEDULE REQUIRED ON APPROPRIATE FORMS OR BUDGET NARRATIVE**

ACCOUNTS RELATED TO THE STATEMENT OF EXPENSES (continued)

8500 RENTAL MAINTENANCE & OF EQUIPMENT

8501 Equipment Rental Expenses
8502 Equipment Maintenance Expenses
8503 Equipment-Depreciation
8504 Equipment -Interest Expense

8600 PRINTING & PUBLICATIONS

8601 Printing
8602 Artwork
8603 Photography
8604 Recording
8605 Films
8606 Subscriptions-Periodicals
/Publications
8607 Purchase of Publications
8608 Media Use Charges-Public Information

8700 EMPLOYEE TRAVEL

8701 Local Bus & Taxicab Fares
8702 Gas & Oil-Company Vehicles
8703 Repairs - Company Vehicles
8704 Insurance - Company Vehicles
8705 Licenses & Permits-Company Vehicles
8706 Leasing Costs-Company Vehicles
8707 Auto Allowance (Employees/
Volunteers)
8708 Tires - Company Vehicles
8709* Hotel, Meals & Incidental Expenses
9710 Depreciation-Automotive Equipment

8800 CONFERENCES, CONVENTIONS MEETINGS - ON SITE

8801 Meeting Space & Equipment Rental
8802 Meeting Supplies (Notices, Badges
etc.)
8803 Food & Beverage Costs (Meeting
Participateion)
8804 Speaker's Honoraria & Expenses
8805 Registration Fees

8900 SPECIFIC ASSISTANCE TO INDIVIDUALS

8901 Medical Fees
8902 Dental Fees
8903 Medicines
8904 Children's Board
8905 Homemaker Service
8906 Food Service
8907 Shelter Services

8900 SPECIFIC ASSISTANCE TO DEPRECIATION INDIVIDUALS (continued)

8908 Clothing Service
8910 Recreation Service
8911 Wage Supplements
8912 Prosthetic Appliances
8913 Hospital Fees
8914 Testing Fees
8915 Materials-Crafts, Vocation, etc.

9000 MEMBERSHIP DUES

9001 Individual Dues
9002 Organizational Dues

9100 AWARDS & GRANTS

9101 Grants to Research Institutions
9102 Graduate Fellowships
9103 Trainee Scholarships
9104 Other Scholarships/Tuition Payments
9105 Allowance for Travel Under Grant
9106 Allowance for Equipment Under Grant
9107 Lump Sum Camperships
9108 Contribution/Grants to Human Serv. Org.
9109-50 Awards & Grants to Indiv/Other Org.
9151-99 Awards & Grants to Affiliate Org.

9200 ALLOCATED COSTS

9201* Administrative Costs (Indirect Costs)
9202 Transportation

9300 CLIENT TRANSPORTATION

9301 Local Bus & Taxicab Fares
9302 Gas & Oil - Company Vehicles
9303 Repairs - Company Vehicles
9304 Insurance - Company Vehicles
9305 Licenses & Permits - Company Vehicles
9306 Leasing Costs - Company Vehicles
9307 Tires - Company Vehicles
9308 Depreciation - Auto Equipment

9400 MISCELLANEOUS

9401 Employee Malpractice Insurance
9402 Employee Bonding Insurance
9403 Other

9500 DEPRECIATION OR AMORTIZATION

9501-04 Depreciation or Amortization

9600 ALLOCATIONS TO AGENCIES

96001-90 Allocations to Agencies
9691 Payments to Affiliated Organizations

***SCHEDULE REQUIRED ON APPROPRIATE FORMS OR BUDGET NARRATIVE**

Milwaukee County Department of Health and Human Services
Purchase of Care & Services
Master Chart of Accounts

ACCOUNTS RELATED TO THE STATEMENT OF EXPENSES

7000 - 7099 SALARIES

This expense account group is reserved for salaries and wages earned by an agency's regular employees (full or part-time), and by temporary employees, including "Office Temporaries," other than consultants and others engaged on an individual contract basis. Salaries are compensation paid periodically for managerial, administrative, professional, clerical and other supportive services. Wages are compensation paid periodically on a piecework, hourly, daily or weekly basis for manual labor, skilled or unskilled, or a fixed sum for a certain amount of such labor. Specific Salary and Wage Categories (7001-7099) are made available for the insertion of those major salary and wage categories peculiar to an agency. An agency having large segments of its employees identified with a specific or multiple disability group may wish to separate the salary and wage categories further into two sub-groups; e.g., disabled and non-disabled.

7001 - EXECUTIVE SALARIES

This account is for salaries earned by executives of an agency. Most executives are professionals of one kind or another. The assignment should be according to what the person does rather than his or her profession. For example, if an executive staff member of an agency is a lawyer, his or her salary would be classified under "Executive Salaries" despite the fact that the individual is a lawyer by profession.

7002 - PROFESSIONAL STAFF SALARIES

This account is for salaries earned by full or part-time professional members of an agency's staff; e.g., campaign director, registered nurse, music instructor, social worker.

7003 - CLERICAL STAFF SALARIES

This account is for salaries earned by full or part-time members of an agency's clerical staff; e.g., bookkeeper, secretary, telephone operator.

7004 - TEMPORARY CLERICAL HELP

This account is for salaries earned by full or part-time members of an agency's technical staff; e.g., artist, audiologist, cameraman.

7005 - MAINTENANCE EMPLOYEES' WAGES

This account is for wages earned by full or part-time members of an agency's maintenance staff; e.g., handyman, custodian, painter.

7006 - TEMPORARY CLERICAL STAFF

This account is for wages and includes all classifications mentioned above in Clerical Staff Salaries, but only those who are employed on a temporary basis.

7007 - STUDENT STIPENDS

This account is for all payments in lieu of salary to students in training in the agency or staff or staff members on leave to pursue their studies. Tuition aid should not be reported here, but in Account 9100.

7008 - OTHER STAFF SALARIES (Unclassified)

This account is for salaries and wages earned by all other full or part-time staff members of an agency; e.g., aide, camp counselor, cook, elevator operator, rangers, waiter, watchman.

7100 - 7199 EMPLOYEE HEALTH & RETIREMENT BENEFITS

This expense account group is reserved for amounts paid and accrued by an agency under its own or other (private) employee health and retirement benefit plans, including voluntary employee termination or retirement payments outside a formal plan.

7101 - ACCIDENT INSURANCE PREMIUMS

This account is for the agency's portion of the cost of premiums for accident insurance policies, or the agency's contribution required under a private funding plan.

7102 - LIFE INSURANCE PREMIUMS

This account is for the agency's portion of the cost of premiums for life insurance policies, or the agency's contribution required under a private funding plan.

7103 - MEDICAL & HOSPITAL PLAN PREMIUMS

This account is for the agency's portion of the cost of premiums for medical and hospital plan insurance policies, or the agency's contribution required under a private funding plan.

7104 - PENSION OR RETIREMENT PLAN PREMIUM

This account is for the agency's portion of the cost of premiums for pension and retirement annuity insurance policies, or the agency's contribution required under a private funding plan.

7105 - SUPPLEMENTAL PAYMENTS TO PENSIONED EMPLOYEES

This account is for the amounts to pensioned employees as total or supplemental pension payments, paid after the employee has retired. No amounts should be included in this account for part-time or occasional services rendered by a retired employee.

7106 - PAYMENTS TO ANNUITANTS

This account is for the cost of periodic payments (specified period, contingent or in perpetuity) made to any annuitant under an annuity agreement or contract.

NOTE: An annuity is:

- A series of equal payments, at fixed intervals;
- The donor's right to receive such payments;
- The donee's obligation to pay such payments.

An annuity agreement is an agreement wherein money or other property is made available to another on condition that the recipient bind himself or herself to hold and administer the property and to pay the donor or other designated person a stipulated annuity ceasing with a specified date, event, or in perpetuity.

7107 - EMPLOYMENT TERMINATION EXPENSES

This account is for amounts paid to employees who have been terminated or retired voluntarily. Only payments outside a formal plan are reported here.

7108 - EMPLOYEE TUITION REIMBURSEMENT PLAN

This account is for amounts paid employees for tuition reimbursement for outside schooling taken; as provided for by the agency's personnel policies.

7200-7299 PAYROLL TAXES, ETC.

This expense account group is reserved for social security taxes, and compensation insurance premiums, payable by employers under Federal, State or local laws.

7200 - PAYROLL TAXES, ETC. (Total)

This account accumulates all Payroll Taxes expenses embraced by the 7200-7299 series.

7201 - F.I.C.A. PAYMENTS (Employer's Share)

This account is for the agency's cost of Federal or State unemployment insurance premiums, based on eligible employees' salaries and wages.

7203 - WORKMEN'S COMPENSATION INSURANCE

This account is for the agency's cost of Workmen's Compensation insurance premiums, based on eligible employee's salaries and wages. These premiums may be either State or private insurance plans, or the agency's contribution under a private funding plan.

7204 - DISABILITY INSURANCE PREMIUMS

This account is for the agency's cost of disability insurance premiums, based on eligible employees' salaries and wages. These premiums may be either State or private insurance plans, or the agency's contribution under a private funding plan.

8000 - 8099 PROFESSIONAL FEES

This expense account group is reserved for fees and charges of professional practitioners, technical consultants, or semi-professional technicians, who are not employees of the agency and are engaged as independent contractors for specified services on a fee or other individual contract basis. However, amounts paid to mechanics, artisans, repairman, and others engaged in maintenance and repair services to an agency should not be included in this account, but in Account 8409; and fees paid for a client for direct personal services, other than those offered as part of the regular program services of an agency, should not be included in this group of accounts. Such fees should be included in the appropriate account within the category, Specific Assistance to Individuals - 8900.

8001 - MEDICAL & DENTAL FEES

This account is for fees to medical and/or dental specialists for consultation with, or instruction of, agency personnel, on special cases among its clients; e.g., physical medicine, orthopedics, pediatrics, internal medicine, neurology, operative dentist, orthodontists, radio dentist, etc. (Note: This account should be distinguished from Accounts 8901 and 8902. Fees charged to 8001 are for assistance to the agency itself, whereas fees charged to 8901 and 8902 are payments on behalf of a particular client or patient of an agency as a form of "Specific Assistance to Individuals").

8002 - PSYCHOLOGICAL FEES

This account is for fees to psychiatric specialists for consultation with, or instruction of, agency personnel, on specific cases among its clients; e.g., psychiatrist, psychopathologist, psychotherapist, psychoanalyst, etc.

8003 - LEGAL FEES

This account is intended for fees to attorneys for consultation with, or instruction of, agency personnel on specific cases among its clients. Also, fees for services rendered to the agency for interpretation and defense of its own legal rights and corporate entity.

8004 - REHABILITATION AND EDUCATION FEES

This account is for fees to professional or licensed specialists in the various disciplines comprising the field for rehabilitation and education for consultation with, or instruction of, agency personnel on specific cases among its clients; e.g., physical therapy, speech therapy, vocational counseling and training, basic education, tutorial programs, special education, tuition, etc.

8005 - DEVELOPMENT AND PUBLIC RELATIONS FEES

This account is for fees to specialists in the development of an agency's financial resources and the interpretation and/or promotion of an agency's program services to its public; e.g., fund raising, bequests, campaigns, community relations, etc. (Note: The cost of purchase of space or time in the communication media should not be charged to this account, but to Account 8608).

8006 - BROKERAGE, COMMISSION AND COLLECTION FEES

This account is for fees to specialists rendering services to an agency in the areas of investment, real estate, or the collection of an agency's accounts; e.g., stock broker, real estate agents, collection agencies.

8007 - EMPLOYMENT FEES

This account is for fees to certified public accountants and other independent public accountants for auditing the agency's books and for other consultation with, or instruction of, agency personnel on specific matters relating to agency accounting and financial reporting procedures. Included are fees for services rendered to the agency for the periodic audit, supervision, or maintenance of the agency's financial records.

8009 - OTHER CONTRACT PAYMENTS TO INDEPENDENT PROFESSIONAL CONSULTANTS

This account is for fees to banks and service bureaus for processing records and transactions of an agency; e.g., charges for payroll processing, general ledger processing, etc.

8010 - OTHER CONTRACT PAYMENTS TO INDEPENDENT PROFESSIONAL CONSULTANTS

This account is for fees to other independent professional consultants under contract, such as architects and engineers.

8011 - TALENT FEES

This account is for the cost of fees, expenses or honoraria to professional entertainers for their services, such as the preparation of radio and TV spots, films, live entertainments, etc.; e.g., actors, singers, comedians and other professional entertainers. (Note: The cost of purchase of space or time in communication media should not be charged to this account, but to Account 8608).

8012 - OTHER PURCHASED SERVICES

This account is for the cost of other services purchased by the agency on a fee-for-service basis.

- Funerals and funeral directors
- Chaplain fees
- Payments for musicians
- Security Services Fees - only when purchased for a specific period. (The security guard on agency regular staff should be charged on 7008).

8100-8199 SUPPLIES

This expense account group is reserved for the cost of materials, appliances, and other supplies used by an agency.

8101 - MEDICINE AND DRUGS (Clinic Use Only)

This account is for the cost of medicines and drugs purchased generally for the use of employees or clients of the agency; e.g., prescription drugs, etc. (Note the distinction between this account and Account 8903). Medicine and drugs purchased for a particular client belong in Account 8903).

8102 - PROSTHETIC APPLIANCES (Clinic Use Only)

This account is for the cost of prosthetic appliances, and devices purchased for use in client training and instruction in clinic functions. It should be noted that the costs of prosthetic appliances or devices, purchased for specific clients, should not be included in this account, but in Account 8912 (Prosthetic Appliances - Specific Assistance to Individuals) also.

8103 - RECREATIONAL, VOCATIONAL, AND CRAFT SUPPLIES

This account is for the cost of materials and supplies purchased for recreational programs, vocational training and instruction in crafts for clients and employees of the agency; e.g., ping pong balls, sheet music, craft supplies.

8104 - FOOD AND BEVERAGES

This account is for the cost of food and beverages purchased for use in the food service function of the agency. Note the distinction between this account and Account 8902).

8105 - LAUNDRY, LINEN, AND HOUSEKEEPING SUPPLIES

This account is for the cost of linen, uniforms, or other hygienic supplies and the costs of their cleaning and maintenance (not to be confused with building and grounds maintenance).

8106 - OFFICE SUPPLIES - STATIONERY, TYPING, ACCOUNTING, ETC.

This account is for the cost of various paper and other supplies used in the performance of the program or supporting services.

8107 - PAPER, INK, FILM, AND OTHER PRINTING AND DUPLICATING MATERIALS

This account is for the cost of materials and supplies used in the publication, printing, or duplicating activities of an agency; e.g., ink, paper, toning fluid, etc.

8108 - NEW GOODS PURCHASED

This account is for the cost of new merchandise in a completed condition, acquired for resale to the public in the furtherance of the agency's program services.

8109 - RAW MATERIALS PURCHASED (Manufacturing)

This account is for the cost of materials or goods purchased for use as an ingredient or component part of a finished product. These materials may be in their natural state and require further processing, before becoming a part of the finished product or a finished part which may be directly incorporated into the finished product; e.g., cloth, machine parts, lumber, electrical motors, etc.

8200 - 8299 TELEPHONE

This expense account group is reserved for the cost of all telephone, telegraph, mailgram, teleprocessing, and similar communication expenses. It is suggested that the cost of:

- Long distance calls be allocated to the initiating program or support function
- Tolls and fees (other than actual wages) paid for telephone solicitation for donations of monies and materials be allocated to the affected program or support function
- The basic monthly charge for telephone services; e.g., rental of manual or automatic switchboards or extensions, be prorated to each program and support function on some equitable basis such as the number of extension utilized by each such function.

8201 - TELEPHONE EXPENSE

This account is for the cost of all telephone and other telephonic communications activities.

8202 - TELEGRAPH EXPENSE

This account is for the cost of all telegraph, mailgram, and other telegraphic communications activities.

8300 - 8399 POSTAGE AND SHIPPING

This expense account group is reserved for the cost of postage, parcel post, commercial trucking, and other delivery expenses such as shipping and shipping materials, incurred in the operation of the agency.

8301 - POSTAGE AND PARCEL POST

This account is for the cost of postage and parcel post used in the general administration of a program or supporting function of any agency. It is suggested that these costs be charged, if bulk purchase of postage is made, initially to a Prepaid Expense Account. The individual responsible for postage should maintain a daily log of the postage used for each program or supporting function of an agency. At the end of each accounting period, as part of the process of closing the account records, the total postage charged to the Prepaid Expense Account. The individual responsible for postage should maintain a daily log of the postage used for each program or supporting the function of an agency. At the end of each accounting period, as part of the process of closing the account records, the total postage charged to the Prepaid Expense Account should be distributed to the actual benefited program or supporting functions, as indicated by the postage log records.

8302 - FREIGHT

This account is for the cost of transportation charges incurred in the delivery of purchased materials and supplies used by the agency.

8303 - MESSENGER AND DELIVERY SERVICE

This account is for transportation charges incurred in the delivery of merchandise, service or product to a customer or others, using a messenger or outside delivery service.

8400 - 8499 OCCUPANCY

This expense account group is reserved for all costs arising from an agency's occupancy and use of owned or leased land, buildings, and offices. This would exclude costs reportable elsewhere; e.g., salaries, acquisition of equipment and other assets, etc. It is suggested that any occupancy expense -- Accounts 8401-8499 -- that can be identified with a single program or support function of an agency, should be charged directly to that function at the time the obligation is incurred. Occupancy expenses which benefit more than one program or support function should be prorated on some equitable basis such as square footage of space utilized in conducting each one of the functions.

8401 - OFFICE RENT

This account is for the rental of office space used by an agency in conducting its program and support functions.

8402 - OTHER BUILDING AND PARKING LOT RENT

This account is for the cost of compensation for the use of the building and parking lot (other than office).

8403 - BUILDING & BUILDING EQUIPMENT INSURANCE (General & Liability)

This account is for the cost of premiums of insurance contracts to reimburse the agency for revenue or property loss. Examples of insurance coverage include: fire; theft; boilers; and elevator. Premiums covering equipment should be prorated on the basis of hours of usage of equipment by the benefiting function.

8404 - MORTGAGE INTEREST

This account is for the cost of interest paid for the use of money, through a lien on land, building.

8405 - ELECTRICITY

This account is for the cost of electric power used in the operation (occupancy related) of the agency and its services.

8406 - GAS

This account is for the cost of gas used in the operation (occupancy related) of the agency and its services.

8407 - HEATING OIL

This account is for the cost of heating oil used in the operation (occupancy related) of the agency.

8408 - WATER AND SEWER

This account is for the cost of water and sewer charges (occupancy related) arising from the operations of the agency.

8409 - JANITORIAL & OTHER Maintenance/REPAIRS PURCHASED

This account is for the cost of maintenance services provided by independent contractors; e.g., plumbers, electricians, roofers, masons, typewriter repairmen, appliance repairmen, etc. (Note that salaries of janitors and maintenance staff would not be reported her, but in Account 7005).

8410 - REAL ESTATE TAXES

This account is for the cost of real estate taxes assessed against an agency for real estate used in the operation of the agency or real estate held by an agency for investment or rental income. Included in this account are assessments for street cleaning, snow removal or sidewalk plowing.

8411 - PERSONAL PROPERTY TAXES

This account is for the cost of personal property taxes assessed against eligible assets of an agency.

8412 - LICENSES & PERMITS (Occupancy Related Only)

This account is for the cost of any license or permit (other than automotive) that is related to the occupancy of the premises and is required by some regulatory body, of the corporation itself, or of staff or other agents of the organization, to engage in the lawful activities of the agency.

8413 - BUILDING & GROUNDS MAINTENANCE SUPPLIES

This account is for the cost of building and grounds maintenance supplies used by the agency in its day-to-day operation of such facilities for its program and support functions.

8414 - MISCELLANEOUS OCCUPANCY COSTS

This account is for the cost of any other miscellaneous building occupancy expense - not significant in amount - that cannot be reported and classified under the account classifications 8401, 8413, 8415, and 8416. An example, would be that of the cost of moving the agency from one location to another.

8415 - AMORTIZATION - LEASEHOLD IMPROVEMENT

This account is for the cost of amortization expenses for improvements made to leaseholds used in the operation of the agency during the accounting/budget period.

8416 - DEPRECIATION OF BUILDING

Based on a State guideline rate of 3% for buildings and structures excluding land. Expectations to these guidelines must be justified and documented by the agency.

8500 - 8599 RENTAL, MAINTENANCE AND DEPRECIATION OF EQUIPMENT

This expense account group is reserved for the costs to the agency of rental, maintenance and depreciation of various equipment, such as electronic data processing units, typewriters, calculators, dictaphones, etc., used by the agency in conducting its program and/or support functions.

8501 - EQUIPMENT RENTAL EXPENSE

This account is for all costs to the agency arising from the rental of equipment used by the agency in conducting its program and/or support functions.

8502 - EQUIPMENT MAINTENANCE EXPENSE

This account is for all costs to the agency arising from maintenance of equipment used by the agency in conducting its program and/or support functions.

8503 - EQUIPMENT DEPRECIATION

Based on a State guideline rate of 10% for furniture, fixtures, and equipment. Exceptions to the guidelines must be justified and documented by the agency.

8504 - EQUIPMENT INTEREST EXPENSE

Interest incurred for all major equipment and purchases which require funding.

8600 - 8699 PRINTING AND PUBLICATIONS

This expense account group is reserved for the costs of printing, charges of commercial artists and suppliers for plates, artwork, proofs, photographs, and other costs of house organs, leaflets, films, and other informational materials. Also included in this classification are costs of purchases, publications, technical journals, books, pamphlets and monographs.

8601 - PRINTING

This account is for the cost of contract printing.

8602 - ARTWORK

This account is for the cost of contract artwork.

8603 - PHOTOGRAPHY

This account is for the cost of contract photography.

8604 - RECORDING

This account is for the cost of charges made by recording studios for the preparation of an agency's materials.

8605 - FILMS

This account is for the cost of charges made by film studios for the preparation of an agency's materials.

8606 - SUBSCRIPTIONS TO PERIODICALS & OTHER PUBLICATIONS

This account is for the cost of subscriptions and reference and resource publications purchased by the reporting agency for use of its staff, or for loan use by others (e.g., through inter-library loans), but not for distribution.

8607 - PURCHASE OF PUBLICATIONS

This account is for the cost of purchase of various publications essential to the agency and its staff in conducting its program and/or support functions. (Note: The distinction between Accounts 8606 and 8607 is that the former accumulates costs of all subscriptions and the latter is concerned with one-time, outright purchase).

8608 - MEDIA USE CHARGES - PUBLIC INFORMATION

This account is for the cost of advertising in newspapers and magazines, on radio, on television or other public media. (Note: it is understood that, as a rule, not-for-profit human service organizations are not expected to spend their funds on advertising in the same sense as a commercial organization would. In most instances, advertising of agencies' services to the community is donated. However, from time to time the agency incurs some costs, incidental or otherwise, in informing the public what services it offers, and what benefits the services bring to the community. This account, therefore, accumulates all such costs.

8700 - 8799 EMPLOYEE TRAVEL

This expense account group is reserved for expenses of travel and transportation of staff and volunteers of the reporting agency.

8701 - LOCAL BUS & TAXICAB FARES

This account is for the cost of fares charged by licensed public transportation companies, including taxis.

8702 - GAS & OIL - COMPANY VEHICLES

This account is for the cost of gasoline, oil, and other consumable products used in an agency's owned or leased vehicles in the operation of an agency.

8703 - REPAIRS - COMPANY VEHICLES

This account is for the cost of premiums of comprehensive insurance contracts, providing coverage for all phases of automotive insurance, for agency-owned or leased vehicles, used in the operation of the agency.

8705 - LICENSES AND PERMITS - COMPANY VEHICLES

This account is for the cost of all licenses, or permits, local, state, or federal, required for the operation of agency vehicles used in the operation of the agency.

8706 - LEASING COSTS - COMPANY VEHICLES

This account is for the cost of hourly, daily, weekly, monthly, or annual lease fees for vehicles used in the operation of the agency.

8707 - AUTO ALLOWANCES - EMPLOYEES & VOLUNTEERS ON BUSINESS

This account is for the cost of reimbursements for mileage allowances within DHS guidelines, for actual expenditures, parking fees, and other related expenses to employees and volunteers for the use of their private vehicles in the operation of the agency. This account should be delineated by employee salary classification (Account #7000).

8708 - TIRES - COMPANY VEHICLES

This account is for the cost of tires purchased for use on agency-owned or leased vehicles in the operation of the agency.

8709 - HOTELS, MEALS & INCIDENTAL EXPENSES

This account is for the cost of hotels, meals and other expense incidental to, and directly connected with, the travel and transportation of agency staff volunteers.

8710 - DEPRECIATION - AUTOMOTIVE EQUIPMENT

Based on State guidelines rate of 20% for motor vehicles. Exceptions to the guidelines must be justified and documented by the agency.

8800 - 8899 CONFERENCES, CONVENTIONS, MEETINGS - ON-SITE

This expense account group is reserved for expenses of conducting meetings related to an agency's activities.

8801 - MEETING SPACE & EQUIPMENT RENTAL

This account is for the cost of rents or fees charged for the use of meeting rooms or equipment; e.g., tables, chairs, projectors, screens, etc., used for the purpose of meetings, seminars, workshops, conferences, or conventions, solely conducted by an agency or its share of inter-agency support.

8802 - MEETING SUPPLIES - NOTICES, BADGES & RELATED PRINTING COSTS

This account is for the cost of meeting supplies and other related costs; e.g., programs, notices, badges, prizes, etc., used for the purpose of meetings, seminars, workshops, conferences or conventions, solely conducted by the agency or its share of inter-agency support.

8803 - FOOD & BEVERAGE COSTS FOR MEETING PARTICIPANTS

This account is for the cost of food and beverages provided as an integral part of a meeting, seminar, workshop, conference or convention, sponsored solely by the agency itself or its share of inter-agency support.

8804 - SPEAKERS' HONORARIA AND EXPENSES

This account is for the cost of amounts paid to speakers, lecturers, commentators, being honoraria and expenses for participation in meetings, seminars, workshops, conferences or conventions sponsored by the agency itself or its share of inter-agency support.

8805 - REGISTRATION FEES

This account is for the cost of registration or enrollment fees, incurred by an employee or volunteer of an agency while attending a meeting, seminar, workshop, conference or convention.

8900 - 8999 SPECIFIC ASSISTANCE TO INDIVIDUALS

This expense account group is reserved for the cost to the reporting agency of specific materials, appliances, services and any other assistance rendered by individuals or agencies other than agency staff, purchased at the expense of the agency, for a particular client or patient.

8901 - MEDICAL FEES

This account is for the cost of medical fees and other related payments on behalf of a particular client or patient of the agency. Professional services fees paid by the agency on a retainer fee or contract service basis are reported under Account #8000; e.g., fees paid to physicians payments to nursing homes. (Health insurance for agency staff should be shown in Account #7100).

8902 - DENTAL FEES

This account is for the cost of dental fees and other related payments on behalf of a particular client or patient of the agency.

8903 - MEDICINES

This account is for the cost of non-prescription or prescription medicines or drugs, purchased in whole or in part, for a particular client or patient.

8904 - CHILDREN'S BOARD

This account is for the cost of children's board incurred by the agency in whole or in part, for a particular client or patient.

8905 - HOMEMAKER SERVICE

This account is for the cost of homemakers' fees paid to families, in whole or in part, for the maintenance, care and supervision of a particular client or patient.

8906 - FOOD SERVICE

This account is for the cost of food allowances or actual purchases, in whole or in part, for a particular client or patient for his individual needs.

8907 - SHELTER SERVICE

This account is for the cost shelter, lodging or dwelling space, purchased in whole or in part, for a particular client or patient for his individual needs.

8908 - CLOTHING SERVICE

This account is for the cost of all items of apparel, purchased in whole or in part, for a particular client or patient for his individual case.

8909 - SEE ACCOUNT 9300

8910 - RECREATION SERVICE

This account is for the cost recreational and cultural activities, purchased in whole or in part, either on an individual or group basis, for the benefit of a particular client, patient or employee of the agency; e.g., individual camperships.

8911 - WAGE SUPPLEMENTS

This account is for the cost of any monies paid to an individual client or patient, which is not for services performed or related to paid work activities.

8912 - PROSTHETIC APPLIANCES

This account is for the cost of purchase, fitting, and repair and maintenance of prosthetic appliances, purchased in whole or in part, for a particular client or patient for his or her individual use.

8913 - HOSPITAL FEES

This account is for the cost of hospital charges for services; e.g., room, treatment, x-ray, food and other services, purchased in whole or in part, for a particular client or patient for his individual needs.

8914 - TESTING FEES

This account is for the cost of tests, testing technicians, testing fees, test analysis, purchased in whole or in part, for a particular client or patient for his individual needs.

8915 - MATERIALS - CRAFTS, VOCATION, ETC.

This account is for the cost of materials; e.g., furniture, tools, craft supplies, production materials, etc., purchased in whole or in part, for a particular client or patient for his or her individual use.

9000 - 9099 MEMBERSHIP DUES

This expense account group is reserved for the cost of expenses for bona fide memberships in other organizations which provided, in turn, benefits such as regular services, publications, materials, etc.

Note: This category covers payments of the type that are to be reported as "other revenue" by receiving health and welfare organization - for example, certain organizations include such amounts received in assessments and dues - local members units. Payments that do not procure, for the paying agency, general membership benefits, should be reported in Awards and Grants and Payments to Affiliated Organizations, as appropriate. For example, dues paid by the local organization to the national organization are not reportable here but under Payments to Affiliated Organizations.

9001 - INDIVIDUAL DUES

This account is for the cost of dues for individual memberships of staff members in other organizations relevant to the functions of the agency.

9002 - ORGANIZATION DUES

This account is for the cost of bona fide memberships acquired by the agency in other organizations having legitimate interest and activities in the promotion, provision, or planning of human service programs. (Dues/support payments to national "parent" or equivalent organizations should not be charged to this account, but to Account 9691).

9100 - 9199 AWARDS AND GRANTS

This expense account is reserved for the cost of amounts paid or committed to individuals or organizations for support of research, fellowship, scholarship, and other human service programs. Dues, quota payments and other formula-based or prescribed payments by a local agency in support of a national affiliated should not be charged to this account. This expense classification is broken down into two sub-classifications:

9101-9150 Awards & Grants to Individuals & Other Organizations

9151-9199 Awards & Grants to Affiliated Organizations

9101 - GRANTS TO RESEARCH INSTITUTIONS

This account is for the cost of research grants made to institutions unrelated to the granting agency.

9102 - GRADUATE FELLOWSHIPS

This account is for the cost, in whole or in part, of grants made to a college or university foundation, the income from which is bestowed on a student or students to aid them in graduate studies.

9103 - TRAINEE SCHOLARSHIPS

This account is for the cost of Trainee Scholarships awarded to deserving individuals enrolled in some career-related training program as an aid to subsidizing the training expenses of such individuals.

9104 - OTHER SCHOLARSHIPS AND TUITION PAYMENTS

This account is for the cost of other scholarships and tuitions awarded to deserving undergraduate students enrolled in some educational program as an aid to subsidizing the education expense of such individuals.

9105 - ALLOWANCE FOR TRAVEL UNDER GRANT

This account is for the cost, in whole or in part, of allowances made to sponsored graduate or undergraduate students for travel; e.g., transportation, housing, food, etc., to further their studies or research.

9106 - ALLOWANCE FOR EQUIPMENT UNDER GRANT

This account is for the cost, in whole or in part, of allowances made to sponsored graduate or undergraduate students, for the purchase of equipment necessary to further their studies or research.

9107 - LUMP SUM CAMPERSHIPS

This account is for the cost of grants made to organizations to cover multiple camp fees to be used at the discretion of the organization (camp fees paid for a particular individual are reported under Account #8900).

9108 - CONTRIBUTIONS OR GRANTS TO OTHER HUMAN SERVICES ORGANIZATIONS

This account is for the cost of contributions or grants to other human service organizations.

9151 - 9199 - AWARDS & GRANTS TO AFFILIATED ORGANIZATIONS

This expense account group is reserved for the cost of awards and grants made by the reporting agency to closely-related or affiliated organizations. These are usually one-time awards or grants made for some specific purpose or project of the affiliate to which the award or grant is made and are over and above the dues, quota payments or other formula-based prescribed payments.

9200 - 9299 ALLOCATED COSTS (Permissive - Not Mandatory)

This expense account group includes all agency costs that cannot be assigned directly to client service programs but are agency costs that are assigned to administrative and support services and then are distributed to the client service programs through an allocation formula.

9201 - ADMINISTRATIVE COSTS

Those costs that are associated directly with administration of the agency and are of benefit to more than one client service program. There are two sets of guidelines for determining administrative costs:

1. Non-Profit Institutions - An administrative cost in one which, because of its incurrence for common or joint objectives, is not readily subject to treatment as a direct cost. Minor direct cost items may be considered to be administrative costs for reasons of practicality. After direct costs have been determined and charged directly to the contract or other work as appropriate, administrative costs are those remaining to be allocated to the several classes of work. The overall objective of the allocation process is to distribute the administrative costs of the institution to its various major activities or cost objectives in reasonable proportions to the benefits provided to those activities or cost objectives.

Because of the diverse natures and purposes of organizations falling within the definition of a non-profit organization, it is impractical to specifically identify those functions which constitute major activities for purposes of identifying and distributing administrative costs. Such identification will be dependent upon an institutions's purpose-in-being, the services it renders to the public, its clients and/or members, the amount of effort devoted to fund raising activities, public relations, and membership activities, etc.

2. Hospitals - General. Administrative costs are those that have been incurred for common or joint objectives, and thus are not readily subject to treatment as direct costs of research agreement or other ultimate or revenue producing cost centers. In hospitals such costs normally are classified but not necessarily restricted to the following functional categories: Depreciation; Administrative and General (including fringe benefits if not charged directly); Operation of Plant; Maintenance of Plant; Laundry & Linen Service; Housekeeping; Dietary; Maintenance of Personnel; and Medical Records and Library.

9202 - TRANSPORTATION COSTS

Agency costs associated with the provision of transportation for the benefit of the clients of the agency. Other than salaries, most of the costs will be associated with control Account 8700.

9300 - 9399 CLIENT TRANSPORTATION

This expense account group is reserved for expense of travel and transportation of clients of the reporting agency.

9301 - LOCAL BUS & TAXICAB FARES

This account is for the cost of fares charged by licensed public transportation companies, including taxis.

9302 - GAS & OIL - COMPANY VEHICLES

This account is for the cost of gasoline, oil, and other consumable products used in an agency's owned or leased vehicles.

9303 - REPAIRS - COMPANY VEHICLES

This account is for the cost of parts purchased for, or contract repair services used on, agency-owned or leased vehicles.

9304 - INSURANCE - COMPANY VEHICLES

This account is for the cost of premiums of comprehensive insurance contracts, providing coverage for all phases of automotive insurance, for agency-owned or leased vehicles.

9305 - LICENSES AND PERMITS - COMPANY VEHICLES

This account is for the cost of all licenses or permits, local, state or federal, required for the operation of agency vehicles.

9306 - LEASING COSTS - COMPANY VEHICLES

This account is for the cost of hourly, daily, weekly, monthly, or annual lease fees for vehicles.

9307 - TIRES - COMPANY VEHICLES

This account is for the cost of tires purchased for use on agency-owned or leased vehicles.

9308 - DEPRECIATION - Automotive EQUIPMENT

Based on current State guidelines for motor vehicles. Exceptions to the guidelines must be justified and documented by the agency.

9400 - 9499 MISCELLANEOUS

This expense account group is reserved for the cost of expenses not reportable in another account classification. Examples of the type of expenses which may be subsumed under this account include:

- Moving & Recruitment - reimbursement of expenses incurred by candidates invited for job interviews and moving expenses of new appointees and staff transfers authorized by board.
- Bonding Insurance - the cost of premiums for protection against fraudulent or dishonest acts by officers or employees.
- Medical Malpractice Insurance

9401 - EMPLOYEE MALPRACTICE INSURANCE

Self-Explanatory.

9402 - EMPLOYEE BONDING INSURANCE

Self-Explanatory.

9500 - 9599 DEPRECIATION OR AMORTIZATION

This expense account group is reserved for the allocation of the cost, or other carrying value, of physical assets over their estimated useful life. The provision for depreciation or amortization account spreads the cost of such assets over the period of time their use benefits the program and/or support function of the agency.

9501 - DEPRECIATION - EQUIPMENT (Report Under Account 8503)

Based on a State guideline rate of 10% for furniture, fixtures, and equipment. Exceptions to the guidelines must be justified and documented by the agency.

9502 - AMORTIZATION - LEASEHOLD IMPROVEMENT (Report Under Account 8415)

This account is for the cost of amortization expenses for improvements made to leaseholds used in the operation of the agency during the accounting/budget period.

9503 - DEPRECIATION - AUTOMOTIVE EQUIPMENT (Report Under Account 8710)

Based on a State guidelines rate of 20% for motor vehicles. Exceptions to the guidelines must be justified and documented by the agency.

9504 - DEPRECIATION - BUILDINGS (Report Under Account 8416)

Based on a State guideline rate of 3% for buildings and structures excluding land. Exceptions to these guidelines must be justified and documented by the agency.

9600-9699 ALLOCATIONS TO AGENCIES/PAYMENTS TO AFFILIATED ORGANIZATIONS

This expense account group is reserved for allocations to agencies by Federated Fun-Raising Organizations and for dues, quota payments, and other formula based payments by an agency to its affiliate.

9601 to 9690 - ALLOCATIONS TO AGENCIES

The individual account numbers in this series are intended for use by allocating organizations in identifying either the agency to whom the allocation is made, or the program or support function for which an allocation is made. For example, Account 9601 may be used to identify allocations to Family Service Agency or to Adoption Program.

9691 to 9699 - PAYMENTS TO AFFILIATED ORGANIZATIONS

The individual account numbers in this series are intended for amounts paid or payable to another organization - usually the national affiliate of the agency - to sustain, aid, maintain, assist or support the program and support functions of the organization. Usually these payments are in the form of dues, support payments, or quota or formula-based payments. As a rule the payments are not in return for some specific, tangible product or benefit to the paying agency, but in order to maintain the presence or existence of the affiliate. Examples of payments to be charged to this account would be payments to the principal national affiliated organization of the local agency; e.g., local Y.M.C.A. to the National Council of the Y.M.C.A. (Note the distinction between this account and Account 9000).

MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
PURCHASE OF CARE AND SERVICES - MASTER CHART OF ACCOUNTS

ACCOUNTS RELATED TO THE STATEMENT OF INCOME

4000 CONTRIBUTIONS AND DONATIONS

4001 In-Kind Materials
4002 In-Kind Services
4003 Unrestricted Cash
4004 Restricted Cash
4005 Other

4100 CONTRIBUTIONS TO BUILDING FUND

4200 SPECIAL EVENTS

4300 LEGACIES AND BEQUESTS

4301 Endowments
4302 Trusts
4303 Other

4500 COLLECTED THROUGH LOCAL MEMBER UNITS

4600 CONTRIBUTED BY ASSOCIATED ORGANIZATIONS

4700 ALLOCATED BY FEDERATED FUND-RAISING ORGANIZATIONS

4800 ALLOCATED BY UNASSOCIATED AND NON-FEDERATED FUND RAISING ORGANIZATIONS

5000 FEES AND GRANTS FROM GOVERNMENTAL AGENCIES (DO NOT USE. SEE 5100 & 5200)

5100 OTHER GOVERNMENT PURCHASE OF SERVICE

5101 Title XX - Milwaukee County
5102 Title XX - Other Counties
5103 Title IVA (AFDC Unemployed Actual) - Milwaukee County
5104 Title IVA (AFDC Unemployed Actual) - Other Counties
5105 Title IVA (Win) - Milwaukee County
5106 Title IVA (Win) - Other Counties
5107 51.42/.437 - Milwaukee County
5108 51.42/.437 - Other Counties
5109 Title I - Milwaukee County
5110 Title I - Other Counties
5111 Title III - Milwaukee County
5112 Title III - Other Counties
5113 USDA Food Stamps
5114 TITLE XVIII (MEDICARE)
5115 TITLE XIX (MEDICAID)
5116 SOCIAL SECURITY (SS) AND SUPPLEMENTAL SECURITY INCOME (SSI)
5117 CIP revenue from Milwaukee County.
5118 CIP revenue from other counties.
5119 COP revenue from Milwaukee County.
5120 COP revenue from other counties.
5121 Other

ACCOUNTS RELATED TO THE STATEMENT OF INCOME (continued)

5200 GRANTS FROM GOVERNMENTAL AGENCIES

- 5201 Direct Federal Grants
- 5202 Direct State Grants
- 5203 Direct County Grants
- 5204 Direct City and Municipal Grants
- 5206 Title III Grants
- 5210 Other Grants From Governmental Agencies

5300 REVENUES FROM HEALTH MAINTENANCE ORGANIZATIONS AND PREFERRED PROVIDER ORGANIZATIONS

- 5301 Revenue From Title XIX - AFDC Clients
- 5302 Revenue From Non-Title XIX Clients

6000 MEMBERSHIP DUES - INDIVIDUALS

6100 ASSESSMENTS AND DUES - LOCAL MEMBER UNITS

6200 PROGRAM SERVICE FEES

- 6201 Income From Private-Pay Clients
- 6202 Income From Title IVA (AFDC Employed Actual) Clients
- 6203 Income From Title XX Clients (Direct Pay Portion Only)
- 6204 Income From 51.42/ .437 Clients (Direct-Pay Portion Only)
- 6205 Income From Client Pick-Up and Delivery Charges
- 6206 Income From Client Insurance Carriers (Other Than Medicare)
- 6207 Other Third-Party Non-Governmental Income

6300 INTRA-AGENCY SALES OF SUPPLIES AND SERVICES

- 6400 REVENUE FROM DISPOSAL OF ASSETS
- 6401 Sale of Production
- 6402 Sale of Property and Other Assets
- 6403 Sale of Staff Services

6500 INVESTMENT INCOME

- 6501 Interest
- 6502 Dividends
- 6503 Other

6600 GAINS (AND LOSSES) ON INVESTMENT TRANSACTIONS

6900 MISCELLANEOUS REVENUE

MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
PURCHASE OF CARE AND SERVICES - MASTER CHART OF ACCOUNTS

ACCOUNTS RELATED TO THE STATEMENT OF INCOME

4000 CONTRIBUTIONS

All contributions received directly from individual donors and organizations except those identified under Accounts 4500, 4600, 4700 and 4800 are to be included in this classification. Amounts paid ostensibly as memberships, but which are, in fact, contributions, should be included here; likewise, the excess amount paid over the regular membership fee should also be included here.

The following are examples of sources of support to be reported in this category:

- Individuals, including an agency's own Board members, employees and their acquaintances.
- Corporations and other businesses
- Foundations and trusts
- Contributions in response to door-to-door, mail, and other solicitations conducted by an agency itself.
- Fraternal, civic, social and other unrelated groups (i.e., direct contributions--excluding contributions raised through organized campaigns)

4001 - Inkind Materials

Fair Market value of supplies, food, non-depreciable equipment, etc., donated to the agency.

4002 - Inkind Services

Fair market value of professional fees, salaries and other time donated to the agency.

4003 - Unrestricted Cash

Cash donations received for unrestricted use in meeting operating expenses.

4004 - Restricted Cash

Cash donations received for restricted use itemized according to donor restriction. (Restrictions must be those of a donor and may not be restrictions established by action of the agency Board of Directors or the decision of an official of the agency.) Examples of restricted donations might be capital equipment purchase or for fee payments for those clients who cannot pay all or part of their fees.

4005 - Other

Any item not identified in the Accounts 4001 to 4004 above. If amount exceeds 2% of total revenue, total disclosure will be required on a separate schedule.

4100 CONTRIBUTIONS TO BUILDING FUND

Campaigns that voluntary agencies conduct to provide capital for major property additions -- e.g., building -- require separate disclosure in an agency's financial statements. The reporting standards require that both the proceeds of these campaigns and their fund-raising expenses be reflected in an agency's financial statements in the Land, Building and Equipment Fund. The magnitude of such campaigns would usually result in their increasing both an agency's total contributions and total fund-raising expenses for a year in which a campaign was conducted. If not reported separately, this would preclude useful comparisons of results for other years of other organizations.

4200 SPECIAL EVENTS

The "Special Events" classification is provided to reflect support and incidental revenue --e.g., paid-for advertising in printed programs--derived from all of an organization's special fund-raising events during the period of the report. These are affairs in which something of value is offered directly to participants for (or in anticipation of) a

payment and a contribution adequate to yield revenue for the sponsoring agency over and above direct costs and expenses. Dinners, dances, bazaars, card parties, fashion shows, and cookie, candy and greeting card sales are examples of special fund-raising events. With the exception of special situations noted below, telethons and other forms of TV and radio entertainment are, as a rule, not considered "Special Events" for public reporting purposes. Contributions received in response to appeals of these types are to be reported as ordinary contributions and expenses attributable to the appeals, as fund-raising expenses.

4300 LEGACIES AND REQUESTS

This category is to be used to report all legacies and bequests. A legacy or bequest is a gift made through a will, e.g., gifts passing to the ownership of an agency by will after the death of a donor.

Legacies or bequests may be unrestricted or they may be designated either for specific program purposes or for endowment or for both. They should be reflected in the accounts of the organization at the time that an unassailable right to the gift has been established by the court and the proceeds are measurable in amount, and should be reported in the Fund which is to be benefited.

As a rule, the receipt of legacies and bequests is difficult to predict and, therefore, is not related to the fund-raising efforts and expense of an agency in any given year. Nevertheless, many organizations actively seek gifts through legacies and bequests, and some spend substantial sums in doing so.

Further, such gifts are often substantial in size. Both their unpredictability and their potential size make it desirable that legacies and bequests be set forth separately by all organizations to facilitate evaluation of an agency's other contributions.

4301 - Endowments

All income earned or principal used from non-government grants or endowments given to the agency. Distinguish between restricted and non-restricted as to use.

4302 - Trusts

All income earned or principal used from non-government trusts set up for the benefit of the agency.

4303 - Other

All income earned or principal used from special funds established for the benefit of the agency by its Board of Directors other than amounts covered under Accounts 4301 and 4302; i.e., equipment replacement fund, etc.

4500 COLLECTED THROUGH LOCAL MEMBER UNITS

Some national health and welfare organizations obtain major financial support from fund-raising campaigns conducted by their local affiliates and publicized by them as campaigns for support of the national, as well as the local organization. As a rule, the proceeds of such a combined national-local fund-raising campaign are allocated between the local agency and its national affiliate on the basis of a predetermined ratio. When both of these conditions are met, the national organization should report its net share--in effect, public support derived through efforts of the local agency expressly on its behalf--in this sub-classification, and in addition, parenthetically, the fund-raising costs related to its share.

4600 CONTRIBUTED BY ASSOCIATED ORGANIZATIONS

This sub-classification is to be used to report contributions from members, auxiliaries, circles, guilds and other organizations closely associated with the reporting organization. It should not be used for reporting membership payments in the form of dues or assessments. Only contributions from organizations related to the recipient by identity of program or clientele should be reported here. Contributions from a sponsoring "parent" agency or from sponsoring religious bodies would also be reported here, but not contributions from a local civic organization or other unrelated group. The amounts shown against this classification are net of related fund-raising costs, if any.

Excluded from this classification, in addition, are contributions or allocations received from federated fund-raising organizations, such as the local United Way and other fund-raising organizations, including such sectarian organizations as the various Catholic Charities and Jewish Federations. Contributions received from organizations which are unmistakably fund-raising organizations belong in Accounts 4700 and 4800 below.

4700 ALLOCATED BY FEDERATED FUND-RAISING ORGANIZATION

All allocations, appropriations and other forms of financial support received or receivable from federated fund-raising organizations are to be reported in this classification. The particular organization from which the support was received may be identified in place of a federated fund-raising organization. The amounts shown are net of related fund-raising costs, if any and in addition, parenthetically, the fund-raising costs related to its allocation.

4800 ALLOCATED BY UNASSOCIATED AND NON-FEDERATED FUND-RAISING ORGANIZATIONS (4800-4899)

This category is provided for reporting support derived from fund-raising campaigns that is received from specialized fund-raising organizations that are neither associated with a reporting agency as previously described (under "Contributed by Associated Organizations") nor with "Federated Fund-Raising Organizations." It is to be used to report allocations to an agency which result from independent non-federated campaigns for multiple-agency support, e.g., those conducted by some large plants, by charity-support organizations within trade associations. It is recommended that the specific sources be identified and shown in an agency's report. The amounts shown are net of related fund-raising costs, if any, and in addition, parenthetically, the fund-raising costs related to its allocation.

5000 FEES AND GRANTS FROM GOVERNMENTAL AGENCIES (5000-5999)
(Do not use. See 5100 & 5200)

5100 OTHER GOVERNMENT PURCHASE OF SERVICE

Include all income from charges for program services provided to service recipients according to the subaccounts listed below.

5101 - Title XX Recipients - Milwaukee County DPW*

5102 - Title XX Recipients - Other County*

5103 - Title IVA (AFDC - unemployed actual) - Milwaukee County*

5104 - Title IVA (AFDC - unemployed actual) - Other County*

5105 - Title IVA WIN - Other County

5106 - Title IVA WIN - Other County*

5107 - 51.42/.437 - Milwaukee County*

5108 - 51.42/.437 - Other Counties*

5109 - Title I - Milwaukee County*

5110 - Title I - Other County*

5111 - Title III - Milwaukee County
Office on Aging

5112 - Title III - Other County
Office on Aging

5113 - USDA Food Stamps
All reimbursements from USDA in the form of food stamps.

5114 - TITLE XVIII Medicare Revenues*

5115 - TITLE XIX Medicaid Revenues*

5116 - Social Security (SS) and Supplemental Security Income (SSI)

5117 - CIP Revenue from Milwaukee County*

5118 - CIP Revenue from Other Counties*

5119 - COP Revenue from Milwaukee County*

5120 - COP Revenue from Other Counties*

5121 - Target Cities Voucher Revenue

5122-5199 Other Governmental Purchase of Service

Use these accounts to identify other governmental purchase of service according to funding source.

(*) Self-explanatory.

5200 GRANTS FROM GOVERNMENTAL AGENCIES

All lump sum amounts provided by governmental agencies for specific purposes unrelated to charge rates for units of service. For each subaccount listed below, all grants should be itemized according to source, i.e., Federal grants, HEW, HUD, USDA, etc.

5201 - Direct Federal Grants

Self-explanatory.

5202 - Direct State Grants

Self-explanatory.

5203 - Direct County Grants

Self-explanatory.

5204 - Direct City or Municipality Grants

Self-explanatory.

5206 - Title III Grants

Self-explanatory

5210 - Other Grants from Governmental Agencies

(Includes Government Tax Revenue if Applicable)

5300 REVENUES FROM HEALTH MAINTENANCE ORGANIZATIONS AND PREFERRED PROVIDER ORGANIZATIONS

5301 - Revenue from Title XIX - AFDC Clients

This represents revenues received on behalf of clients enrolled in an HMO/PPO under contract with DHSS to provide medical services to AFDC recipients.

5302 - Revenue from non-Title XIX Clients

This represents revenues received on behalf of clients enrolled in an HMO/PPO as a form of insurance, either employee provided or self-provided.

6000 MEMBERSHIP DUES-INDIVIDUALS

This caption is to be reserved for amounts received by any organization for personal memberships that procure directly for the member, substantial, private benefits commensurate in value with the amount of the dues. Substantial direct, private benefits include the use of agency recreational, consulting and other facilities and services, the right to receive directly useful publications, or the enjoyment of a professional standing or other honor. Types of memberships should be distinguished.

6100 ASSESSMENTS AND DUES-LOCAL MEMBER UNITS

This sub-classification is intended for reporting--where such separate reporting is necessary--amounts received by an organization from its member agencies (at the local, state, regional and national levels, etc.) for general membership benefits. Use of the classification should be restricted to revenues from dues, fair share quotas and similar assessments against member agencies to cover regular services, publications, supplies and other membership benefits furnished to all member agencies of the same class. Amounts received from fund-raising campaigns that solicit support for both the sponsoring agency and its national affiliates, the proceeds of which are divided between the participants according to a pre-determined formula, do not belong in this caption.

Amounts received as fees for special consulting services to particular member agencies and revenue from sales of supplies ordered by and billed separately to individual agencies should not be reported her, but should be shown under "Intra-Agency Sales of Supplies and Services."

6200 PROGRAM SERVICES FEES

This caption includes two distinct types of revenue received from participants in an agency's programs, i.e., from the public at large and from publicly supported clients. The first type is fees received by all agencies for services from clients paying their own way. The second consists of the amounts received from clients in addition to payments received from governmental sources, e.g., fees collected from participants for extra non-program services or for pre-determined client share of regular service charges.

6201 - Income from Client Collections

Self-explanatory.

6202 - Income from Title IVA (AFDC Employed Actual) Clients

Self-explanatory.

6203 - Income from Title XX Client (Direct-Pay Portion Only)

Self-explanatory.

6204 - Income from 51.42/.437 Clients (Direct-Pay Portion Only)

Self-explanatory.

6205 - Income from Client Pick-Up & Delivery Charges

Self-explanatory.

6206 - Income from Client Insurance Carriers (Other than Medicare)

Self-explanatory.

6207 - Other Third Party Non-Governmental Income

Self-explanatory.

6300 INTRA-AGENCY SALES OF SUPPLIES & SERVICES

Self-explanatory.

6400 REVENUES FROM DISPOSAL OF ASSETS

Sales to the general public of capital assets, products manufactured during the course of providing care and services to eligible clients, and staff services other than covered under programs furnished.

6401 - Sale of Production

Self-explanatory.

6402 - Sale of Property and Other Assets

Self-explanatory.

6403 - Sale of Staff Service

Self-explanatory.

6500 INVESTMENT INCOME

An organization may earn income from a variety of investments, such as securities surplus, real estate, patents and other convertible assets, any of which could have resulted from the generation of surplus operating capital, bequests and various non-operating revenues earned. In form, investment income may include interest, dividends, rentals, royalties, and even net earnings from activities, e.g, operation of an office building acquired through an endowment, conducted solely for the production of income.

Income on investments of unrestricted funds should be reported in "Investment Income" of the Current Unrestricted Fund.

6501 - Interest

Differentiate between interest and investments of restricted and unrestricted capital amounts.

6502 - Dividends

Differentiate between dividends from investments from restricted and unrestricted capital amounts.

6503 - Other

Include investment income not includable in Account 6501 & 6502 above. Also differentiate between such income in terms of investments of restricted and unrestricted capital amounts.

6600 GAINS (AND LOSSES) ON INVESTMENT TRANSACTIONS

This account is to include realized gains and losses related to investment transactions. Report gains and losses only upon the sale or conversion of investments. (The net amount of gains and losses should be reported under this account even if the net figure is a loss.)

6900 MISCELLANEOUS REVENUE

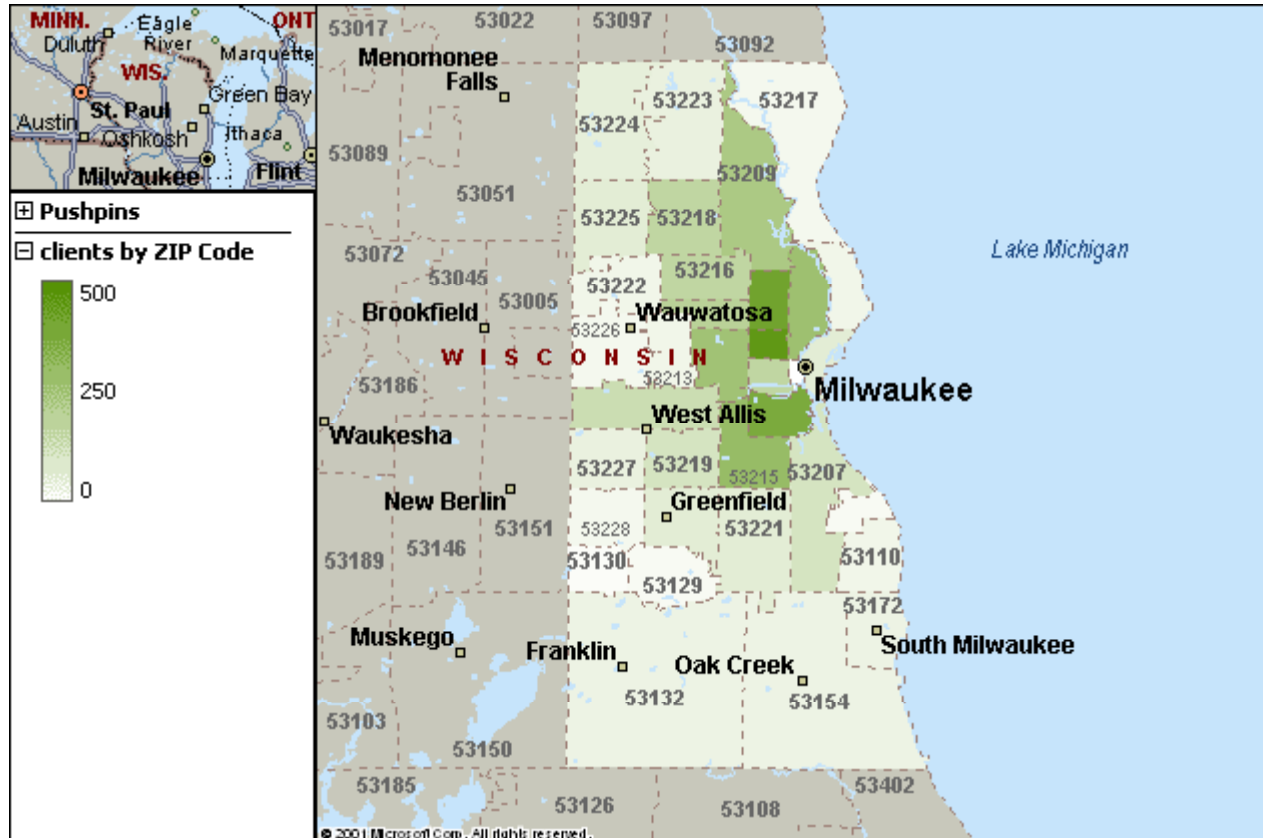
This account needs no explanation, but a word of caution may be appropriate. If the revenue of an agency has been properly classified, very little should usually remain to be shown as "Miscellaneous." Transactions that may be run through a "revolving" or "transitory" items account can generally be applied, as they occur, to the specific revenue and expense accounts affected. Many are recognizable as involving funds belonging to someone other than the agency.

NOTE: Do not include revenue that is directly under Title to either clients served or other third-party non-agency persons and entities.

***PART VI:
APPENDIX:***

***Geographical
Distribution of
Persons Accessing
CIU Services in 2004***

**Milwaukee County Behavioral Health Division
Substance Abuse Services
Central Intake Unit Case Density by Zip Code**



Case Distribution Based on 2004 Data

ZIP	Cases	ZIP	Cases	ZIP	Cases
53110	36	53207	121	53219	125
53129	19	53208	271	53220	81
53130	8	53209	249	53221	83
53132	55	53210	208	53222	42
53154	49	53211	38	53223	63
53172	51	53212	290	53224	68
53201	6	53213	44	53225	85
53202	81	53214	156	53226	27
53203	4	53215	306	53227	63
53204	391	53216	183	53228	33
53205	466	53217	29	53233	179
53206	415	53218	182		